

Name
in
Full

Sallie America

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Laurel

County

Prince Geo

MARYLAND

Date
of death

Month

Day

Years

Months

Days

190

5

18

Age

57

Sex

female

Color or
Race

black

Birth-
place

Md.

Occupation

Hauswosse

Where Residing if not
at place of death

Laurel

Married, Single
or Widowed

quonid

Name of Wife or
Husband

Chas. America

Father's
Name

J. Hapskuis

Father's
Birthplace

Md.

Mother's
Maiden Name

Aukusowon

Mother's
Birthplace

Md.

Name of person giving
Information

Chas America

How related
to deceased

Husband

CAUSES OF DEATH

Primary

valvular Heart disease

1 gr.

Immediate

Exhaustion

79

How long

How long

3 hours

Are the name, age, sex, color, date
and place correctly given above?

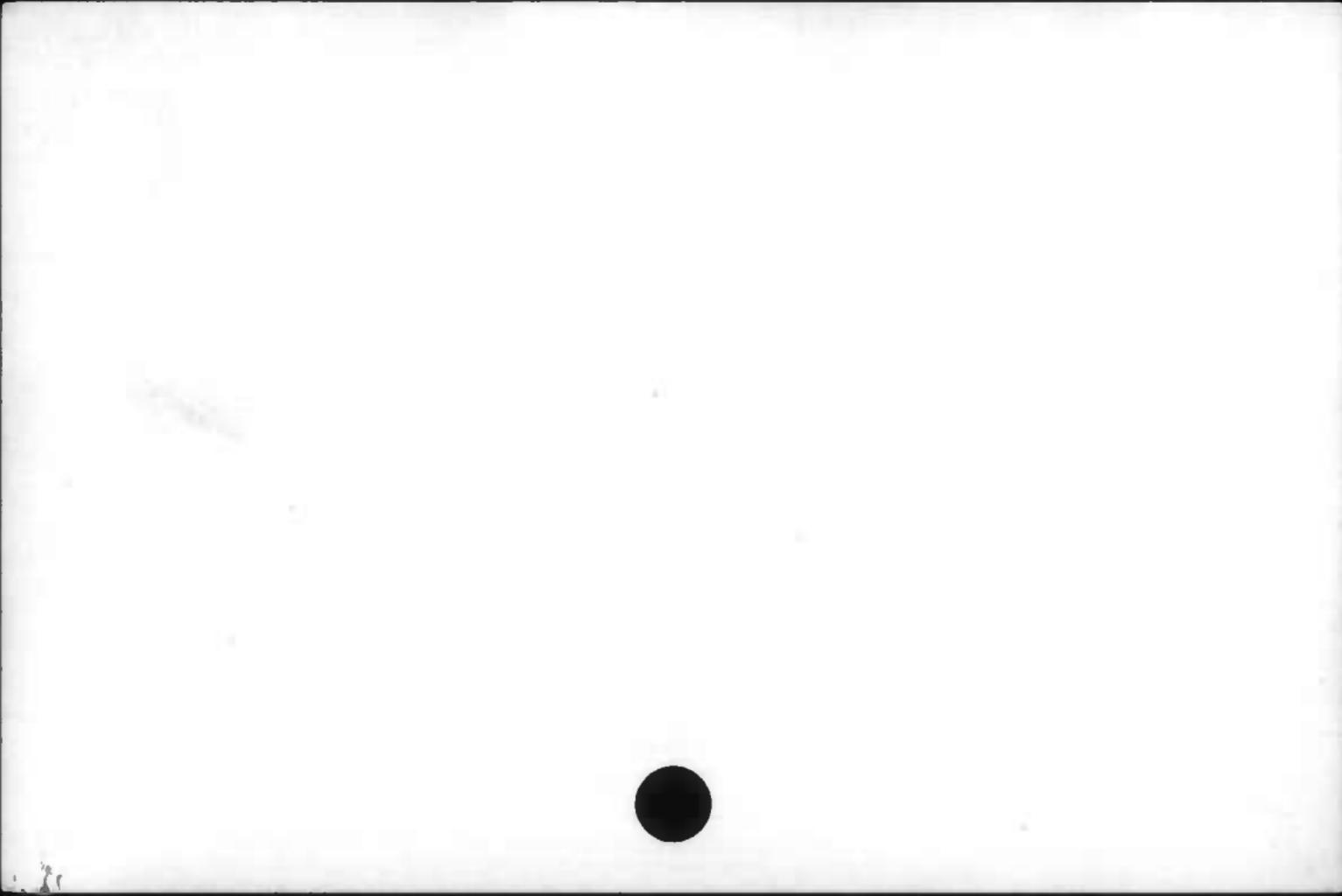
yes

Signature of
Physician

Address

W. Taylor M.D.
Laurel Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sophy Bruce

CERTIFICATE OF DEATH

MARYLAND

Died at Hicks House Town P.G. County

Date of death 1909 May 11 Month Age 61 Years Months Days

Sex Femal Color or Race Black Birth-place Ked
Occupation wive Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband Lucretia

Father's Name Tow, Bruce

Father's Birthplace Ked

Mother's Maiden Name McKeehan

Mother's Birthplace Ked

Name of person giving Information Allen, Allen

How related to deceased wife

CAUSES OF DEATH

Primary

Idiocy

(74)

How long

see her life

How long

Immediate

Preventive decay

Are the name, age, sex, color, date and place correctly given above?

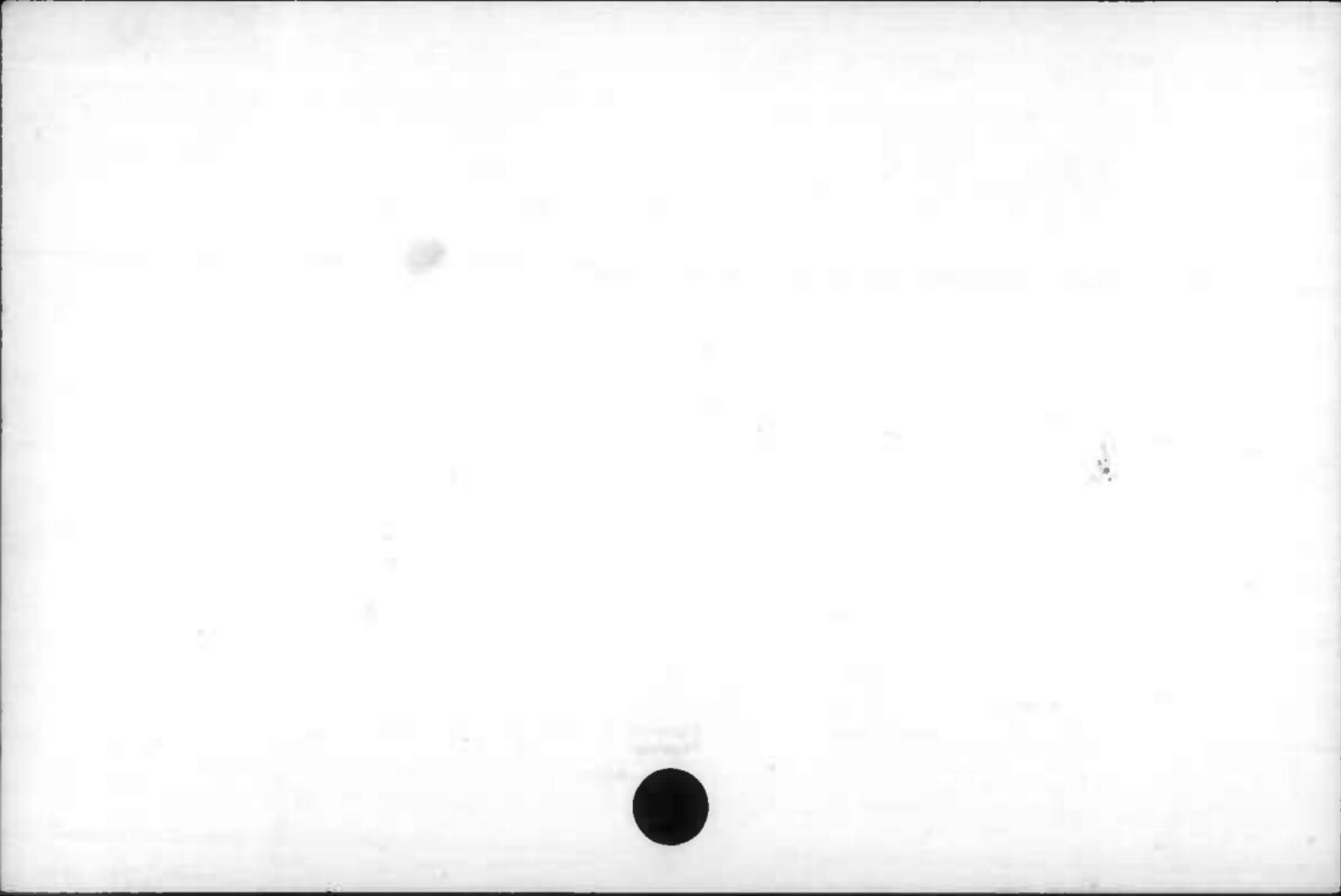
Yes

Signature of Physician

Address

J. L. Swain
Clinton

Accident or Suicide



Name
in
Full

Anna Josephine Cleary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Berwyn	Prince George			
Date of death	Month	Day	Years	Months	Days
1909	May	1	68	6	10
Sex	Female	Color or Race	white	Birth-place	Scotland
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Shaddus H. Cleary		
Father's Name	George Nutton	Father's Birthplace Scotland			
Mother's Maiden Name	Fannie Bannister	Mother's Birthplace England			
Name of person giving information	Lily Ward Penkle	How related to deceased Daughter			

CAUSES OF DEATH

47

How long

3 years

How long

4 days

PHYSICIAN
OR CORONER

Primary

Chronic Rheumatism

immediate

Acute Endocarditis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. E. Aimee

Address

Berwyn Ill

Accident or Suicide?



Name
in
Full

Albert Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Bowie	Town	Prince George	County	MARYLAND
Date of death	1909	Month	11	Years	Months
Sex	Girl	Color or Race	Colored	Days	5
Occupation	Child	Where Residing if not at place of death			Arundall
Married, Single or Widowed	—	Name of Wife or Husband			—
Father's Name	John Culver	Father's Birthplace			Bowie
Mother's Maiden Name	George Anna Johnson	Mother's Birthplace			Arundall
Name of person giving Information	John Culver	How related to deceased			Father

CAUSES OF DEATH

93

How long
2 days

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

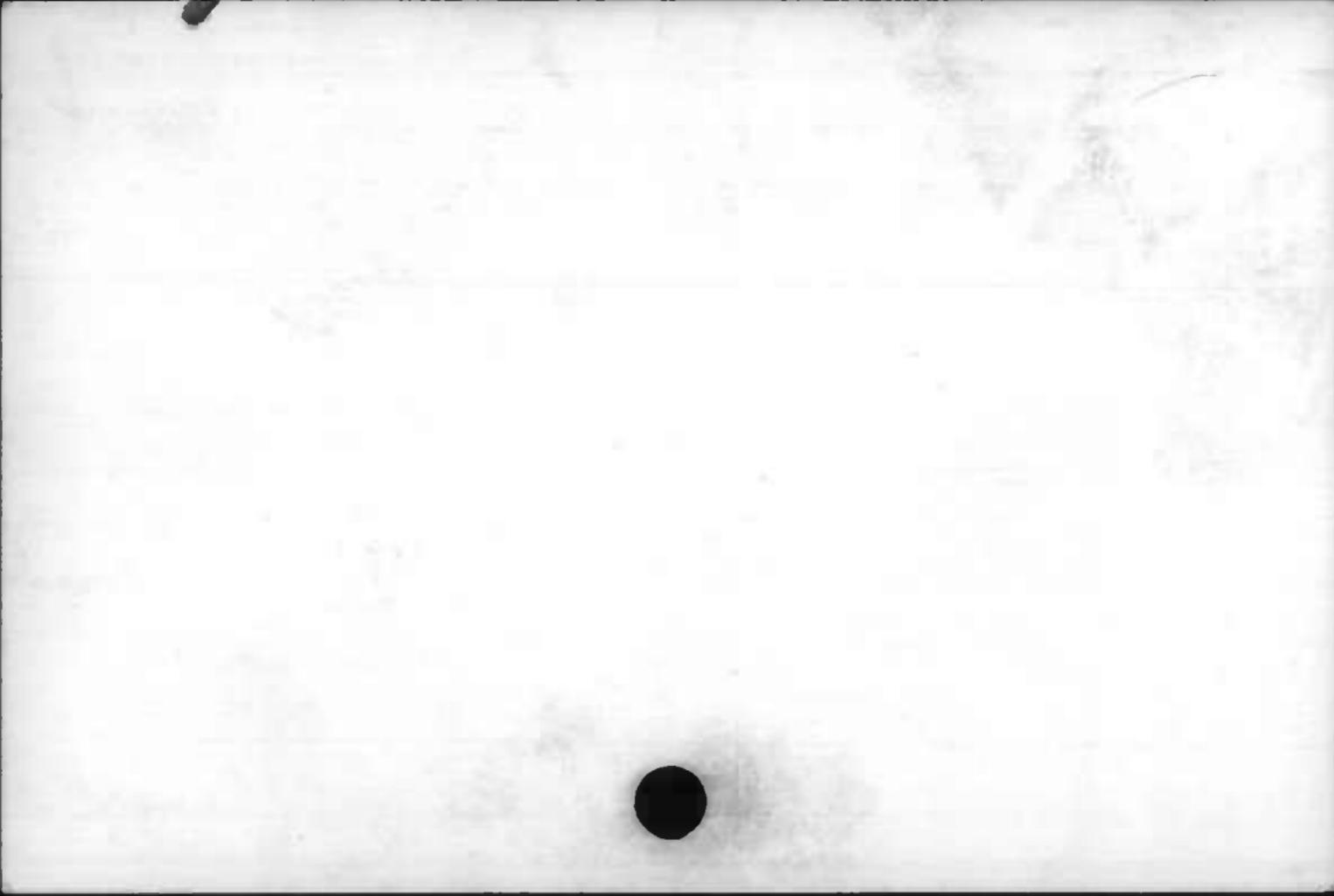
yes

Signature of Physician

Address

James H. Truitt
Bowie
Md

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Perry Elizabeth Diggs

CERTIFICATE OF DEATH

MARYLAND

Diad at	Crown Sta		County		
Date of death	Month	Day	Years	Months	Days
Sax	Female	Color or Race	Age		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Wife		
Father's Name	Rabit Diggs		Father's Birthplace	Md	
Mother's Maiden Name	Elyza Adams		Mothar'a Birthplaca	Md	
Name of person giving Information	Rabit Diggs		How related to deceased	Relative	

CAUSES OF DEATH

179

How long

How long

" "

Primary

Infant

Don't know

Immediate

Death from

Are the name, age, aex, color, date and place correctly given above?

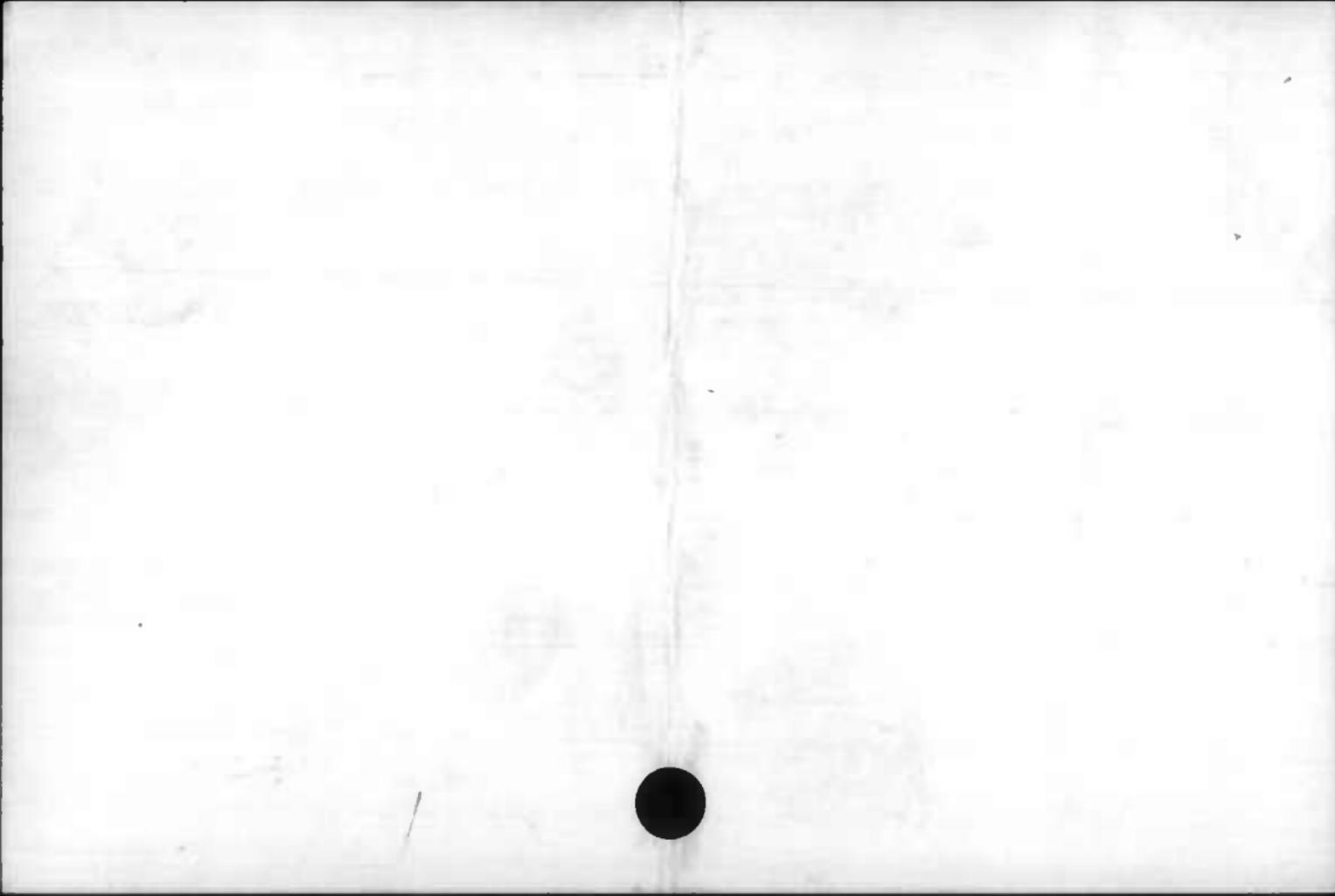
Yes

Signature of Physician

Address

Unspecified
Crown md

Accident or Suicide



Name
in
Full

Bernard Fenagin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	75	6	4	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Sarah S. Disney				
Father's Name	Jaynes Fenagin			Father's Birthplace	Baltimore	
Mother's Maiden Name	Catherine Wooney			Mother's Birthplace	n n	
Name of person giving information	Isabel Fenagin			How related to deceased	daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

64

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Harry P. Frost
Coroner
Laurel Md.

How long

Accident or Suicide?

no



Rosetta Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

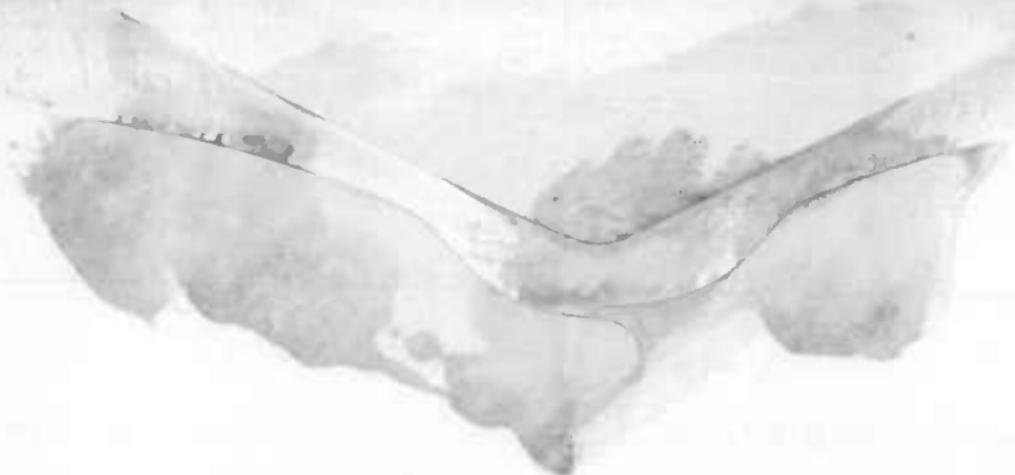
Died at	Town	County		MARYLAND	
Largo.	Prince George				
Date of death	Month	Day	Years	Months	Days
1909.	May	30	2	11	
Sex	Color or Race	Birth-place			
Female	Colored	Washington, D.C.			
Occupation	Where Residing if not at place of death				
None.	—				
Married, Single or Widowed	Name of Wife or Husband	—			
Single	—	—			
Father's Name	John Fletcher	Father's Birthplace			
Mother's Maiden Name	Mary Henry	Mother's Birthplace			
Name of person giving Information	John Fletcher	How related to deceased			
		Father			

CAUSES OF DEATH

92

Primary	Broncho Pneumonia	How long	about one week
Immediate	Exhaustion & Dyspnoea	How long	about 8 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R.A. Schoonover
		Address	Banning

Accident or Suicide?



Name
in
Full

Priscilla Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Month

Day

County

Date
of death 1909

May

6th

Years

Age

97

Month

Day

Sex

Female

Color or
Race

Colored

Birth-
place

Va.

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm Ford

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

J. B. Ford

How related
to deceased

Step-son

CAUSES OF DEATH

Primary

Accidental burns

How long

at once

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

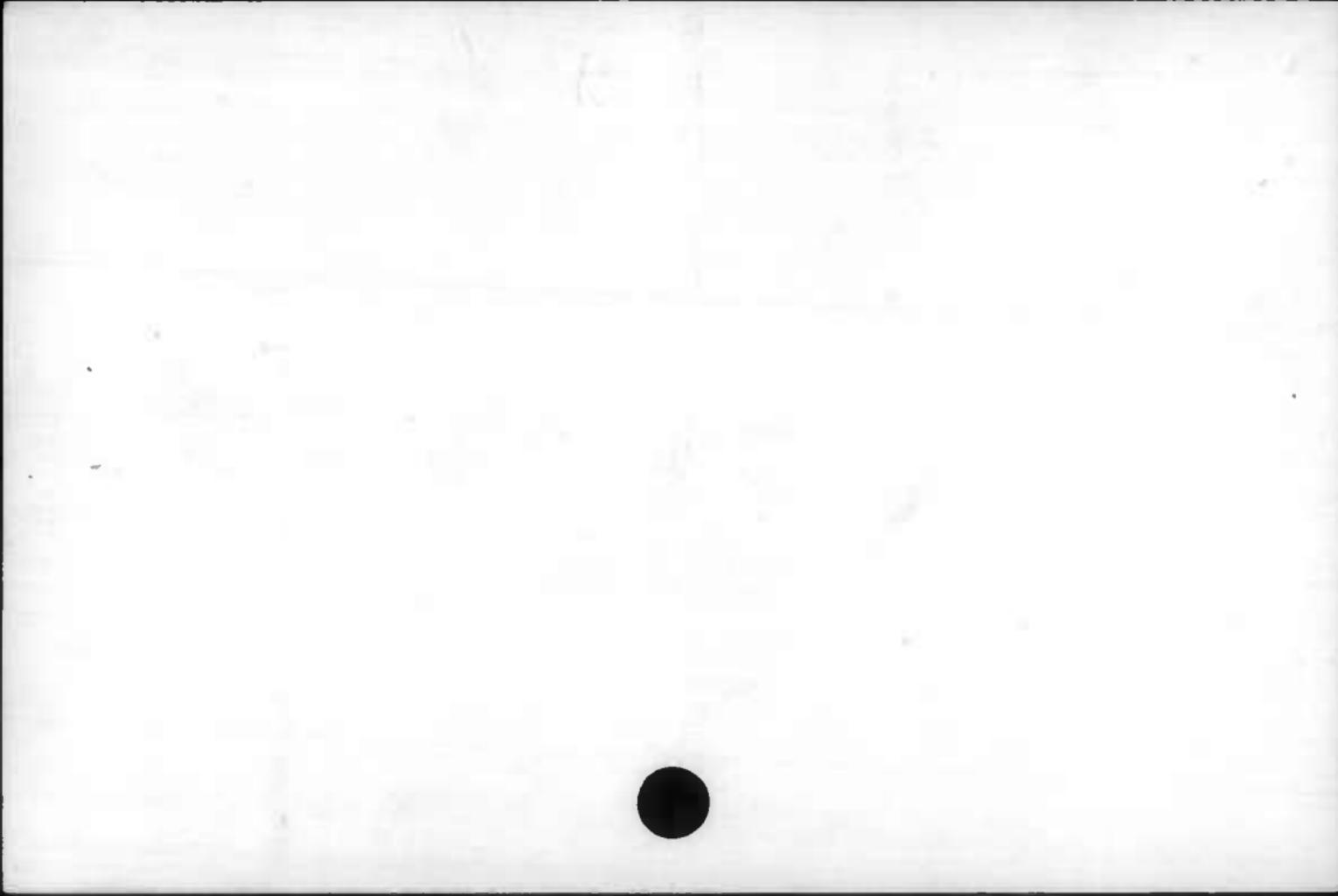
Address

John C. Samsbury M.D.
Westville Md.

PHYSICIAN
OR CORONER

Accident or Suicide

Accident



Name
in
Full

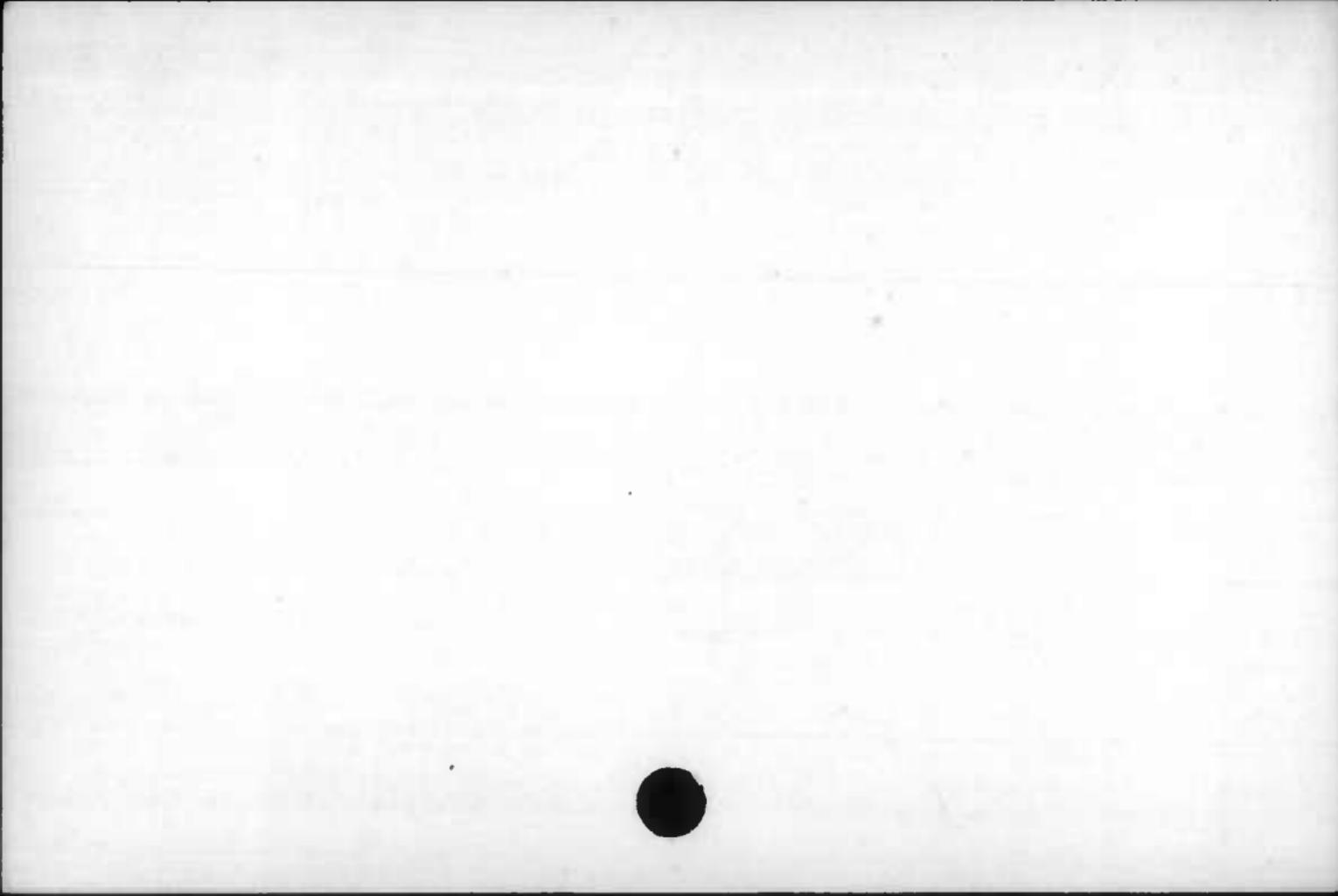
Child of Wm T. and Elonora Gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Near Brandywine</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>1st</u>	Age <u>Born dead</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>	Occupation	Where Residing if not at place of death <u>Piney Tch Md.</u>	Birth-place		
Married, Single or Widowed	Name of Wife or Husband	Father's Name <u>Wm. T. Gray.</u>	Father's Birthplace <u>Md.</u>	Mother's Maiden Name <u>Elonora Hawkins.</u>	Mother's Birthplace <u>Md.</u>	
Name of person giving information	<u>Wm T. Gray.</u>	How related to deceased <u>Father.</u>				
CAUSES OF DEATH						
Primary	<u>S</u>					
How long						
Immediate <u>Still Born</u>	How long					
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>					
Signature of Physician	<u>Acting Coroner</u>					
Address	<u>William H. Gwynne Jr.</u>					
Accident or Suicide?	<u>Brandywine, Md.</u>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Griffie

Fairfax Farm Large P.G.

Died at Town
Date of death Month Day Years

1909 May 27 Age 70

Sex Mae Color or Race Black

Occupation Labor Where Residing if not at place of death

Married, Single Name of Wife or Husband

Singl — Father's Name

Father's Name John Griffie

Mother's Maiden Name Agnes Queen

Name of person giving Information John H. Green

MARYLAND

Month Days

Birth-place Md.

Father's Birthplace Md

Mother's Birthplace Md

How related to deceased

Brother, a son

(179) How long Sudden

How long " "

CAUSES OF DEATH

Primary Stroke

Immediate Stroke

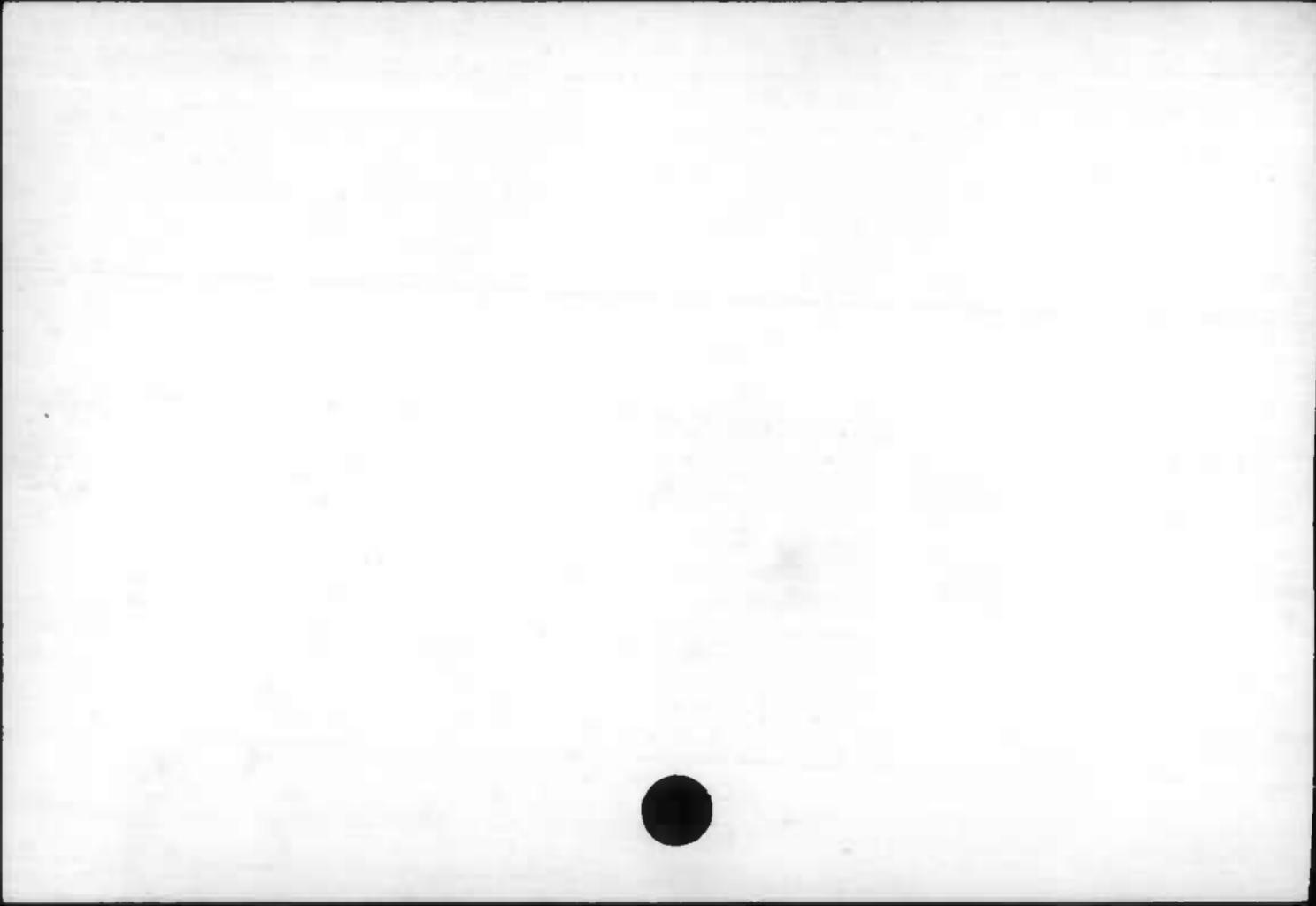
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

John E. Saunderson H.C.
Forestville
Md

Accident or Suicide Neither



Name
in
Full

Edward E. Holloway

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Diad at Rosaryville Town P.S. County

Date of death 1909 Month Day Years Months Days

Sex Male Color or Race white

Occupation Farmer

Where Residing if not
at place of death

Birth-
place

Married, Single or Widowed Married Name of Wife or Husband

Ida C. Holloway

Father's Birthplace

England

Father's Name George Holloway

Mother's Birthplace

England

Mother's Maiden Name Seabrook

How related
to deceased

Wife

Name of person giving Information Ida C. Holloway

79

How long

1 yr

How long

Primary

Valvular disease of heart

Immediate

Heart failure

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Griffith
Upper Marlboro
Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Jackson

CERTIFICATE OF DEATH

MARYLAND

Died at Marloes Town R. Leo County

Date of death 1909 Month May Day 27 Age 80 Years

Months Days

Sex Male Color or Race Blk

Birthplace P. E. N. U.

Occupation Labourer -

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Louisa Jackson

Father's
Name

Leibman

Father's
Birthplace

Leibman

Mother's
Maiden Name

Leibman

Mother's
Birthplace

Leibman

Name of person giving
Information

Louisa Jackson

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Bright's disease/Emphysema

120

How long

2 yrs -

Immediate

Dr Griffith

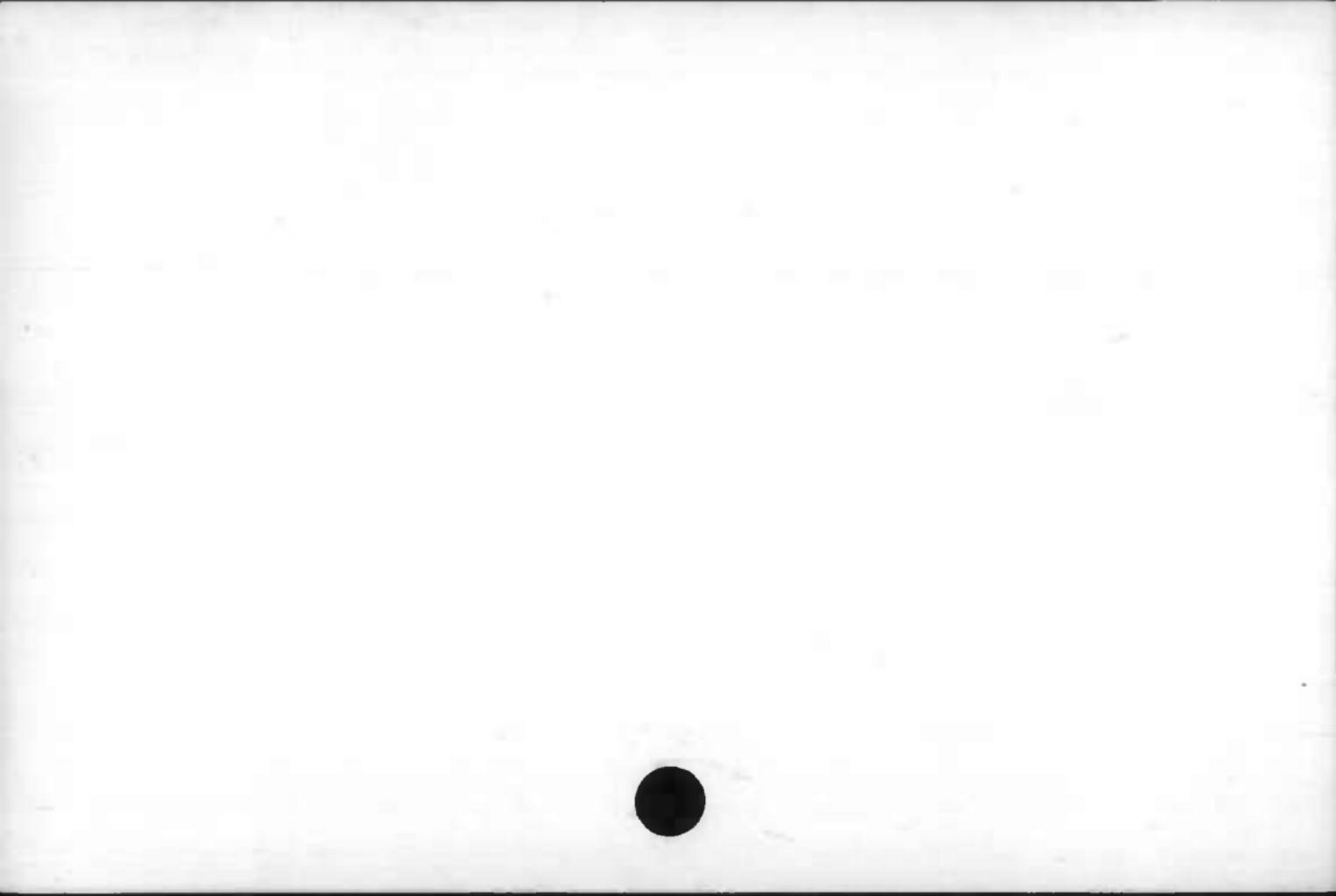
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Letter Marloes
West

Accident or Suicide



Name
in
Full

Dexter Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cheltenham		Dr. Lee	
Date of death	Month	Day	Years
1909	5	6	About 47
Sex	Color or Race	Birth-place	
Male	Colored	Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Pintney. (Christian name not known)	
Ordainer		Father's Birthplace	Md
Father's Name	Lewis Jones	Mother's Birthplace	Md
Mother's Maiden Name	Mary Jones	How related to deceased	not related
Name of person giving Information	Edw Hawkins		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

In (10) yrs

Immediate

Asthma

How long

2 week

Are the name, age, sex, color, date and place correctly given above?

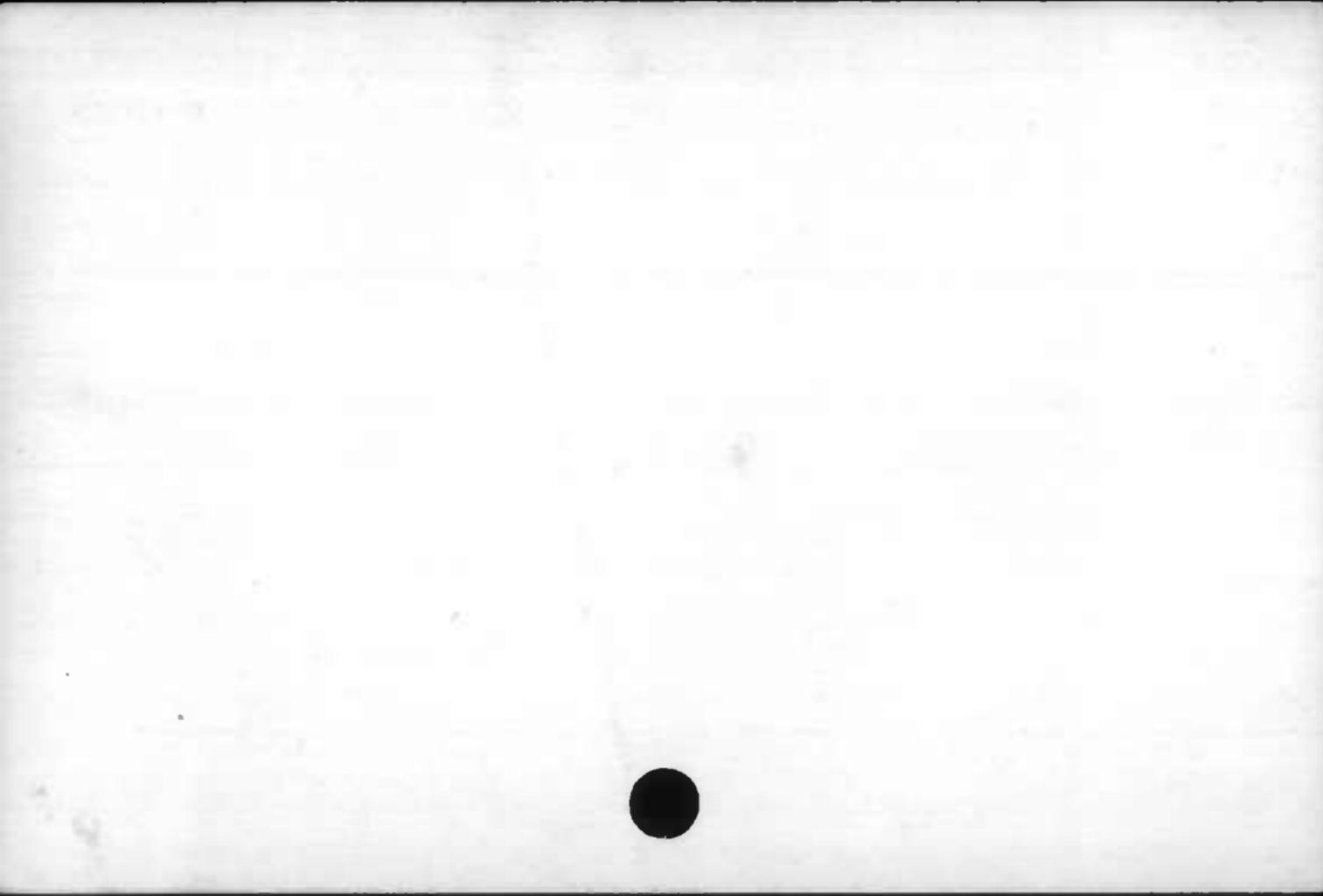
Yes

Signature of Physician

Address

John A. Lee
73 Md

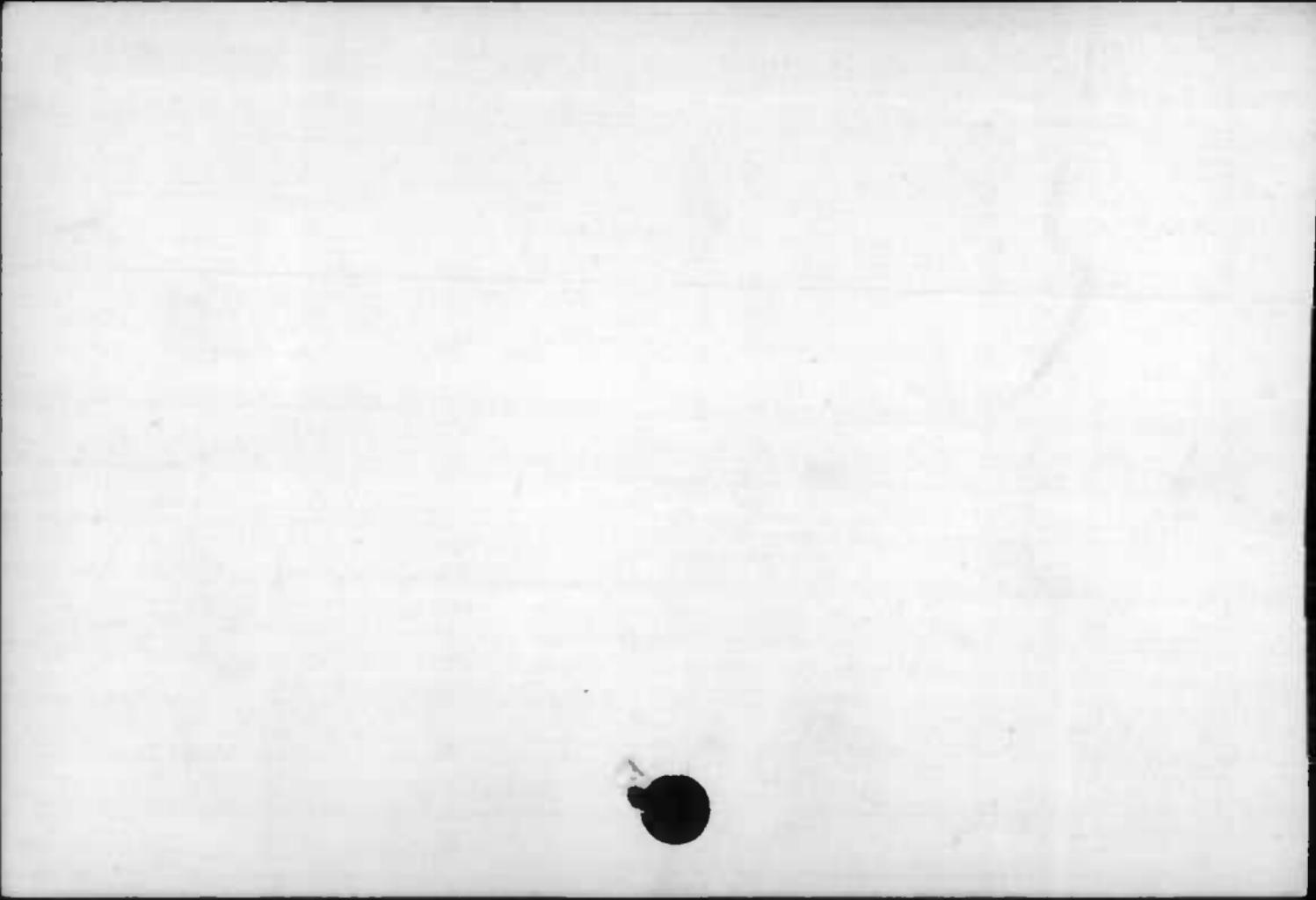
Accident or Suicide



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I

<h1>George Kraft</h1>				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<i>Robert L. Kraft</i>					Father's Birthplace
Mother's Maiden Name	<i>Martha E. Peter</i>					Mother's Birthplace
Name of person giving Information	<i>Robt. C. Kraft</i>					How related to deceased
CAUSES OF DEATH						
Primary	<i>Pneumonia with asthma</i>					How long
Immediate	151					How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
<i>yes</i>			<i>G. M. Brady</i>			
			Address		<i>Bethesda, Md.</i>	
Accident or Suicide?						



Name
in
Full

Aggi V. Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at near Marlboro	R. Co.
Date of death 1909 May	Month Day
Age 43	Years
Sex Female	Color or Race
Occupation Housewife	Where Residing if not at place of death
Married, Single or Widowed Married	Name of Wife or Husband John E. Lawson
Father's Name Gus Barnes	Father's Birthplace P. G. C. Md
Mother's Maiden Name Myra -	Mother's Birthplace P. G. Co "
Name of person giving information Gus Barnes	How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Childbirth - How long

Immediate Nickle & Valvular Heart trouble, How long

Are the name, age, sex, color, date and place correctly given above?

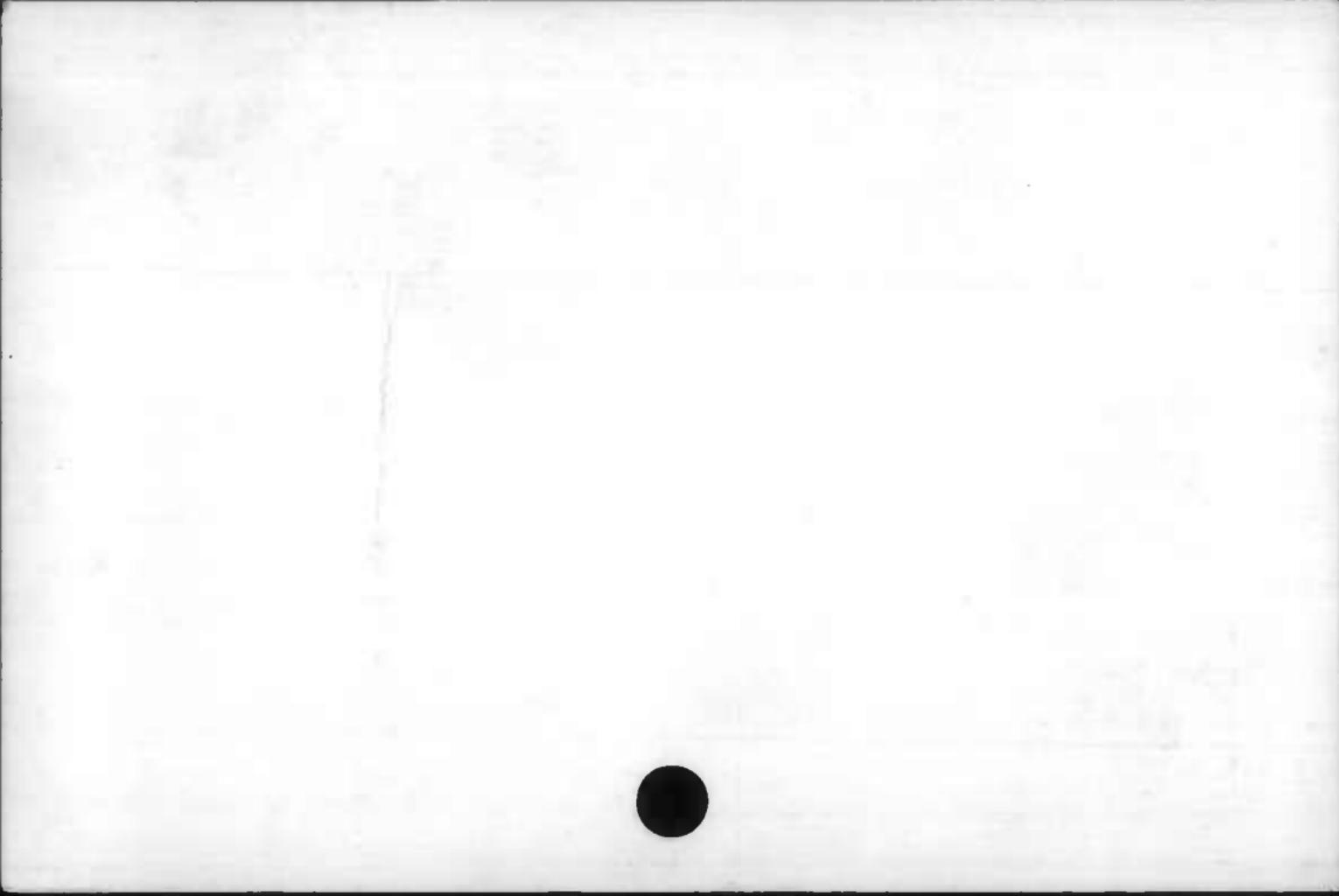
Signature of Physician

Yes

Address

L. A. Gafford,
Upper Marlboro
Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Saraliza Serris
Town
Died at near Laurel

County

CERTIFICATE OF DEATH

MARYLAND

Date of death 1909	Month May	Day 30	Years Age 30	Months	Days
Sex Female	Color or Race black	Birth- place Md			
Occupation Housework	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband unknown				
Father's Name Thomas	Father's Birthplace Md				
Mother's Maiden Name Sauer	Mother's Birthplace Md				
Name of person giving Information E. M. Thomas	How related to deceased none				

CAUSES OF DEATH

116

Primary

Peritonitis (non-puerperal)

How long

1 week

Immediate

Heart Failure

How long

24 hours.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. R. C. Harley

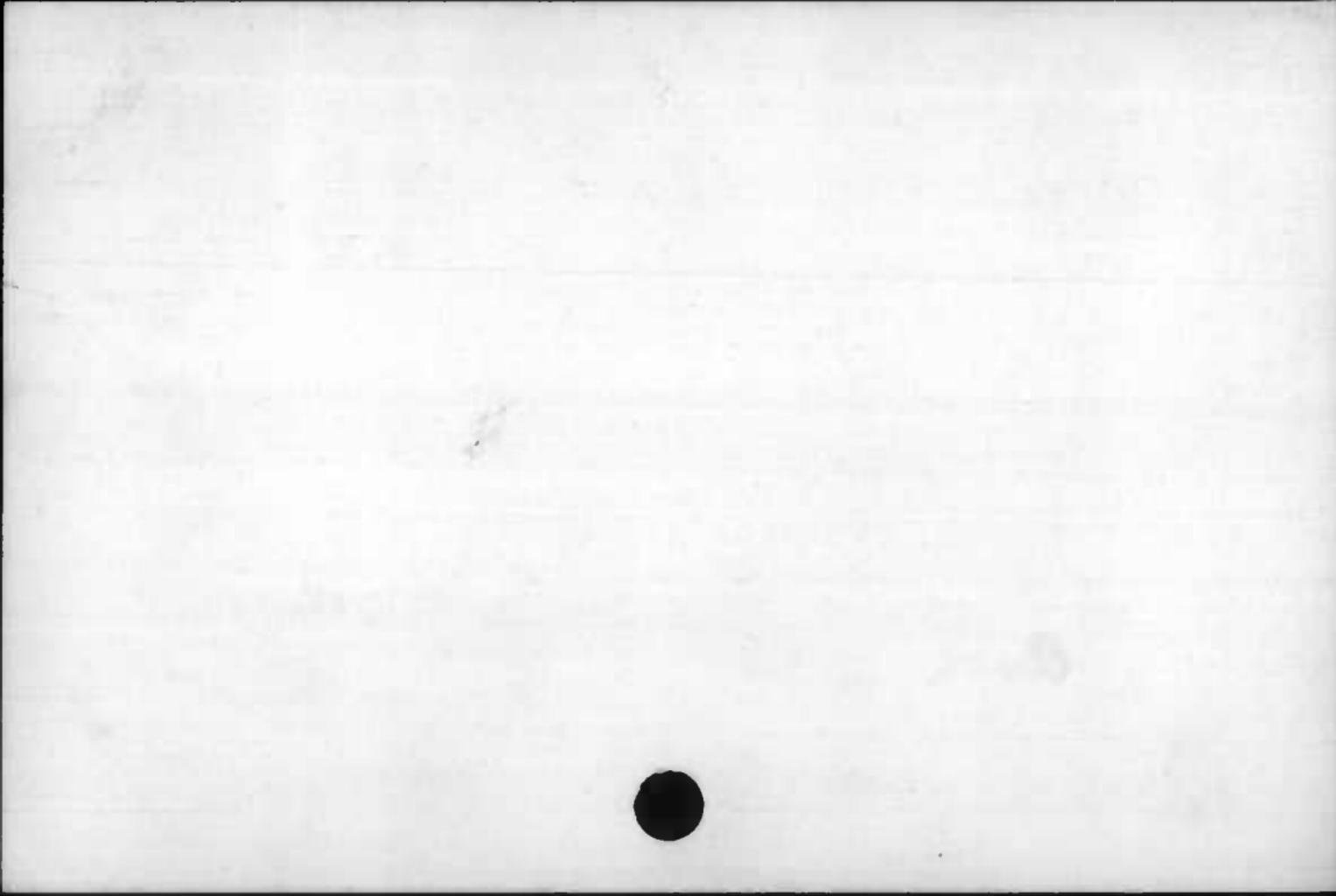
Laurel

Md

unable to ascertain cause of
peritonitis.

Md

Accident or Suicide?



Name
in
Full

Jos. J. Lorenz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Mother's Birthplace
Father's Name		Oriole	Gerry.
Mother's Maiden Name	Mary Verbury		Jenny.
Name of person giving information	John Lorenz	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Subculturis

Immediate Exhalation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

27

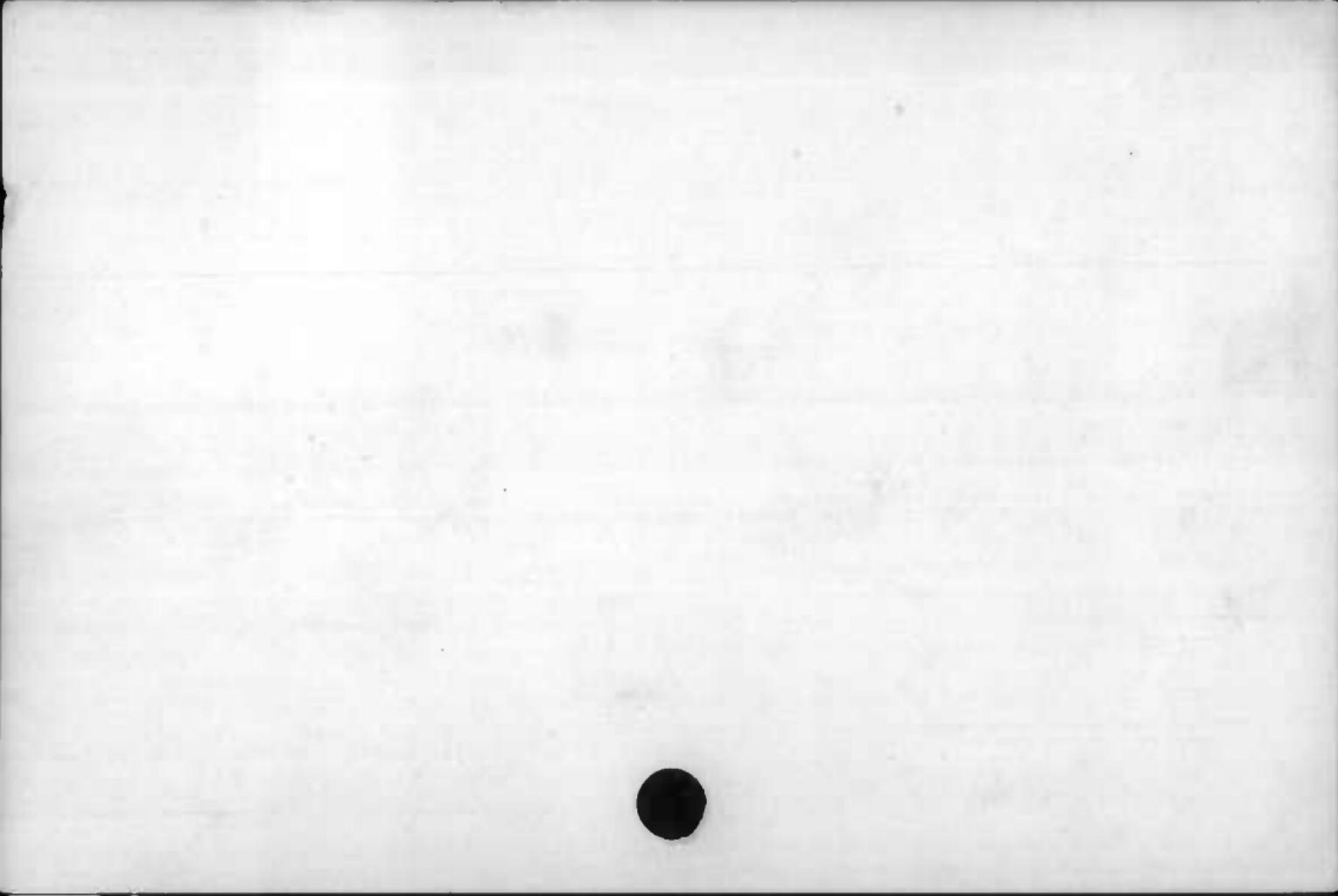
How long

Two weeks

How long

Short

Accident or Suicide?



Annie C. Lusby.

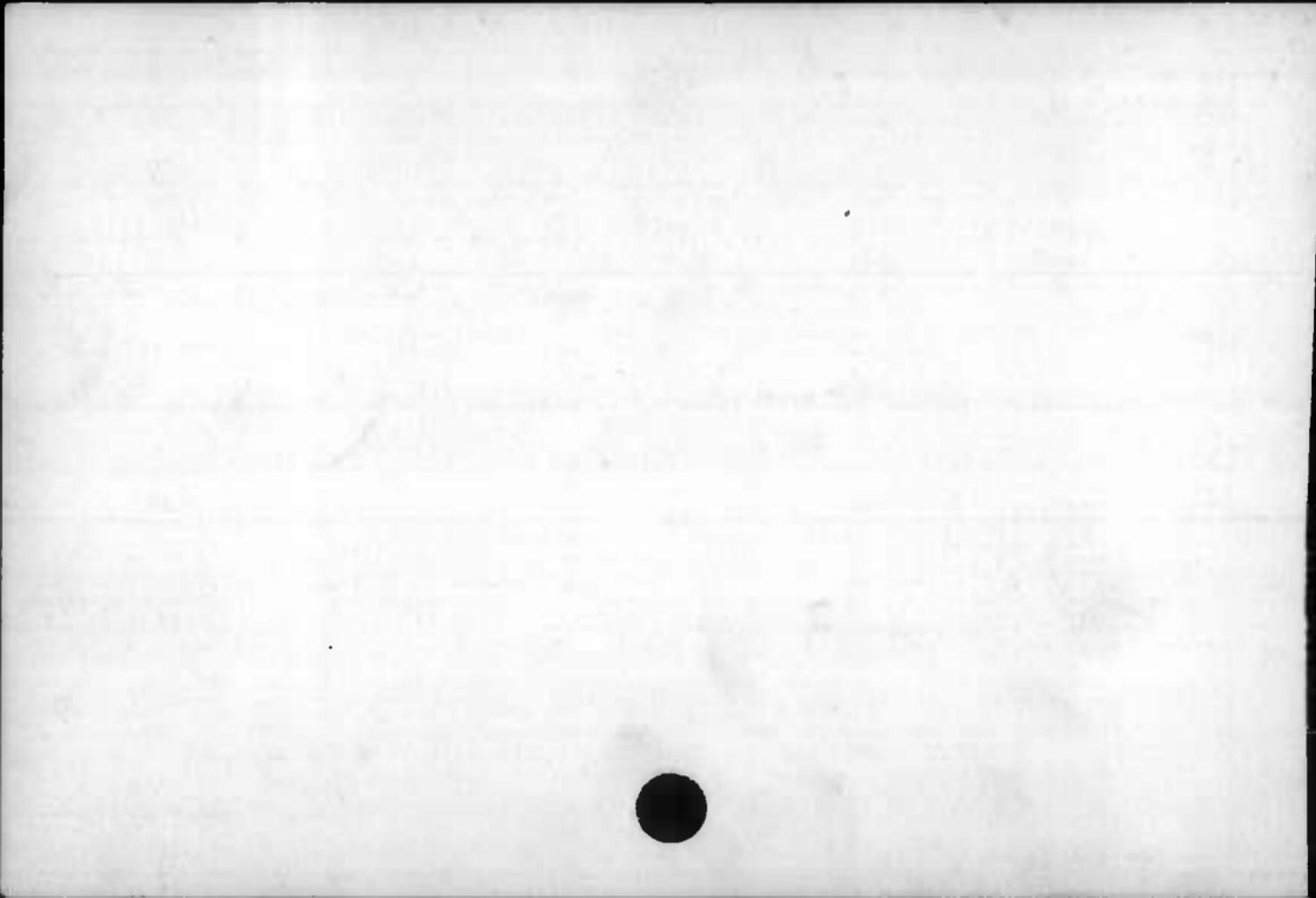
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	Prince George	MARYLAND
Date of death	Month	Day	Years
1909.	May	18 th	Age 49
Sex	Color or Race	White	Birth-place Md.
Occupation	Where Residing if not at place of death —		
Married , Single or Widowed	Name of Wife or Husband	—	
Father's Name	William A. Lusby.		
Mother's Maiden Name	Sarah A. Carrick (q3)		
Name of person giving information	William A. Lusby		
	Father's Birthplace	Md.	
	Mother's Birthplace	Md	
	How related to deceased	Father	

CAUSES OF DEATH

Primary	Pneumonia	How long	About 4 days
Immediate	Dyspnoea & cardiac failure	How long	About 3 hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R.A. Schoonover
	No.	Address	Berwyn
Accident or Suicide?			DC.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Laurel</u> Town		County <u>Brunswick</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>5</u>	Years <u>71</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Father</u>	Where Residing if not at place of death <u>Laurel</u>				
Married, Single or Widowed <u>Widow</u>	7 yrs	Name of Wife or Husband <u>John Maddof</u>	Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Tizzie Bartly</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Hester Bartly</u>	How related to deceased <u>No</u>				

CAUSES OF DEATH

154

How long

3 yrs.

How long

PHYSICIAN
OR CORONER

Primary

Senile Debility-

Immediate

Are the name, age, sex, color, date and place correctly given above?

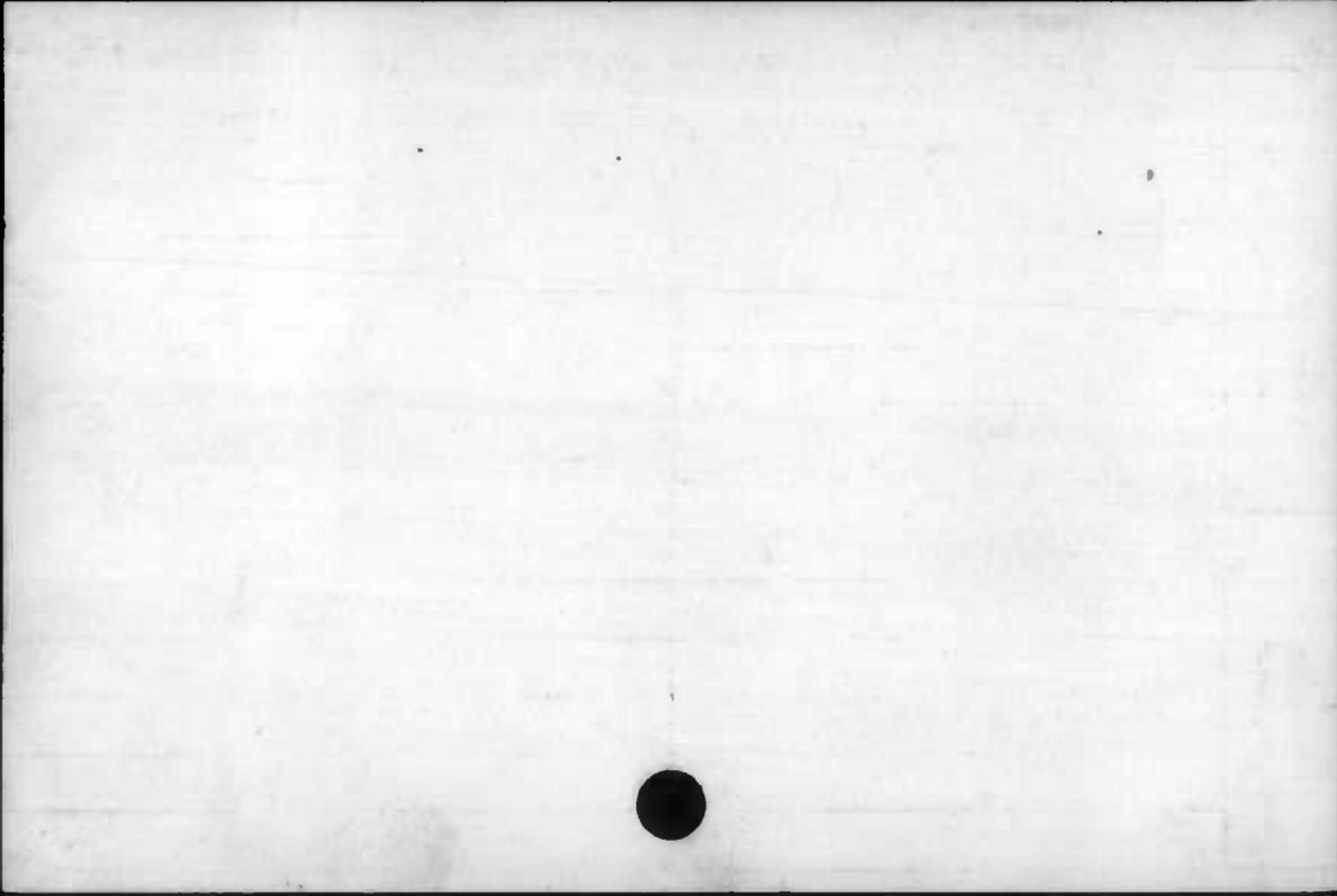
Yes

Signature of Physician

Address

W. Taylor M.D.
Laurel Md

Accident or Suicide?



Name
in
Full

Charles Chester Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Month

Day

County

Years

MARYLAND

Months

Days

Date
of death

1909

5

15

Age

11

5

Sex

Male

Color or
Race

Birth-
place

Muir Kirk

Occupation

Child

Where Residing if not
at place of death

Muir Kirk

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Isaac Matthews

Father's
Birthplace

Muir Kirk

Mother's
Maiden Name

Annie B. Conway

Mother's
Birthplace

Muir Kirk

Name of person giving
Information

J. H. Conway

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Pneumonia

93

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W. Taylor M.D.
Laurel Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Wm Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Laurel Town County Prince Geo MARYLAND

Date of death 1909 Month 5 Day 25 Years Age 33 Months — Days —

Sex male Color or Race black Birth-place Md

Occupation Laborer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife — Nona Matthews

Father's Name Frank Matthews Father's Birthplace Md

Mother's Maiden Name Amelia Dorsey Mother's Birthplace Md

Name of person giving Information Frank Miller How related to deceased Sister

CAUSES OF DEATH

Primary Valvular Heart disease 3 mo.
Immediate Cardiac Arrest 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W.F. Taylor

Address

Laurel Md

Accident or Suicide

80



Name
in
Full

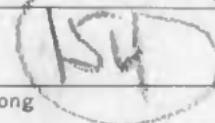
Henry Thomas Proctor

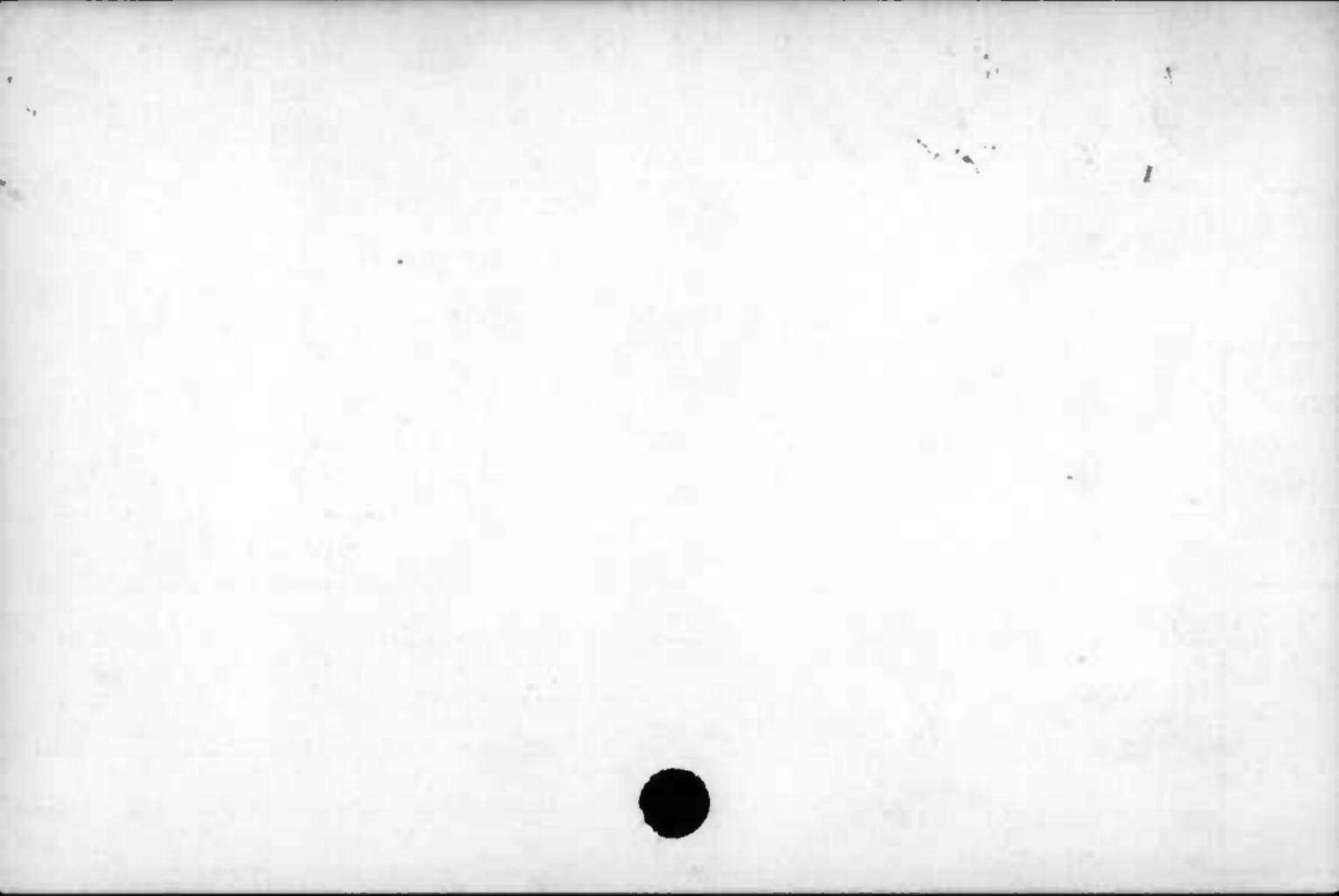
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died <u>near Dales P. O.</u>		Town	<u>Prince Georges</u>	County	<u>MARYLAND</u>	
Date of death	Month	Day	Age	Years	Months	Days
<u>1909</u>	<u>May</u>	<u>5th</u>	<u>78</u>			
Sex	Color or Race	<u>Male</u>				Birth- place
Occupation	<u>Farmer</u>					Where Residing if not at place of death
Married, Single or Widowed	<u>Mary Olivia Proctor</u>					<u>at home</u>
Name of Wife or Husband						
Father's Name	<u>John Proctor</u>				Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Nanice Proctor</u>				Mother's Birthplace	<u>Maryland</u>
Name of person giving Information	<u>Mary O. Proctor</u>				How related to deceased	<u>Mife</u>

CAUSES OF DEATH

Primary	<u>old age debility and over exertion</u>	How long	
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician
			<u>Wm A. Marsbury MD</u>
			Address
			<u>Aquasco</u>
			<u>Maryland</u>
Accident or Suicide?			



Name
in
Full

Robert Lee Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
ON CORONER

Died at		Town	County		MARYLAND	
Date of death	1909	Month May	Day 17	Years 17	Months	Days
Sex	Male	Color or Race	Colored		Birth-place	Md
Occupation	Farm Labor			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	None		Father's Birthplace	Md
Father's Name	Eugene Proctor			Mother's Birthplace	Md	
Mother's Maiden Name	Mary J. Butler			Name of person giving Information	How related to deceased	Uncle
CAUSES OF DEATH						27

Primary

Pulmonary Tuberculosis

2 years

Immediate

Atherosia

Bethelow

Are the name, age, sex, color, date and place correctly given above?

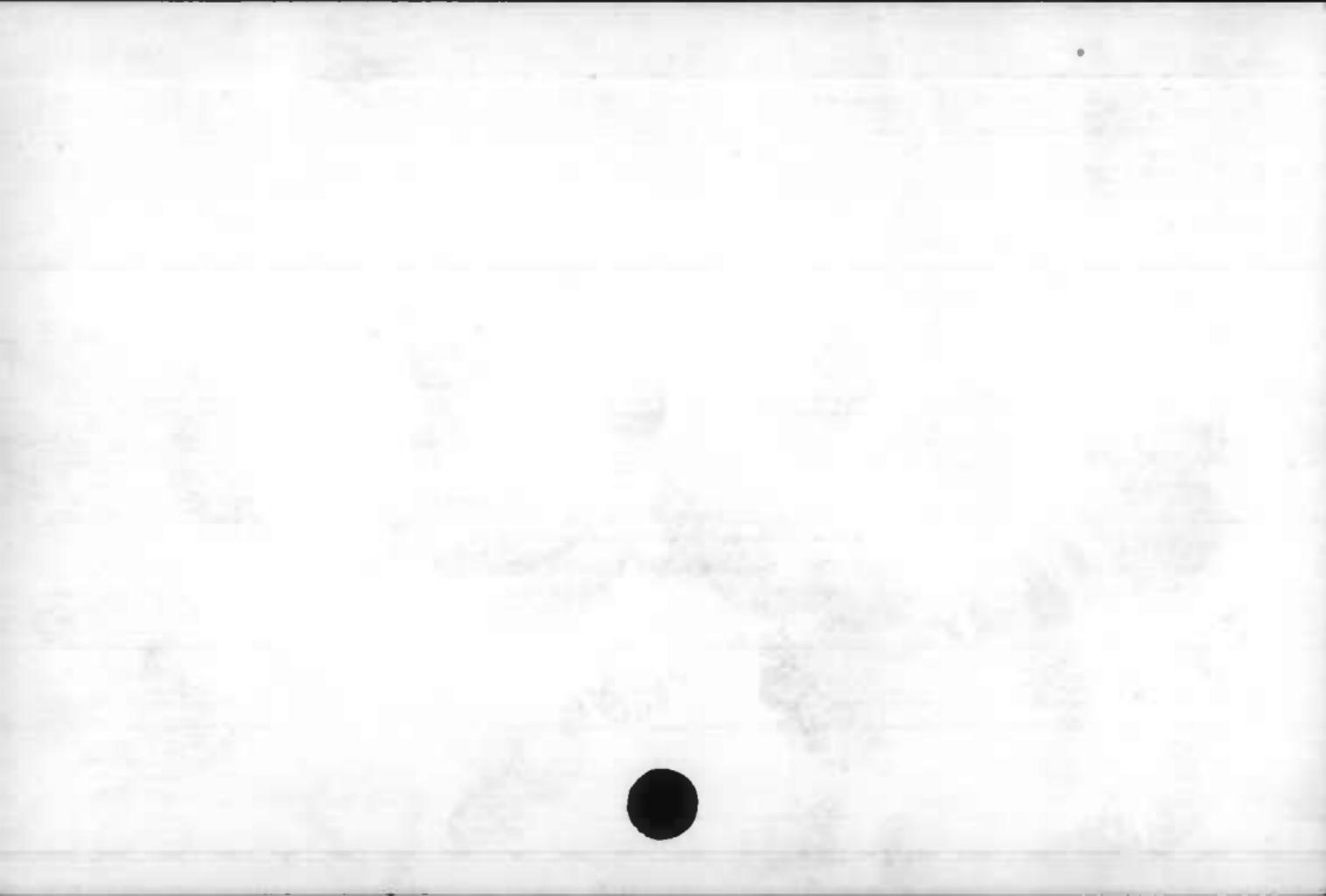
yes

Signature of Physician

Address

W.H. Gibbons
Croom Md.

Accident or Suicide



Name
in
Full

Wm. T. Queen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Riverdale** Town **Prince Geo.** County **MARYLAND**
Date of death **1909** Month **May** Day **2** Age _____ Years _____ Months _____ Days _____
Sex **boy** Color or Race **colored** Birth-place **md**
Occupation _____ Where Residing if not at place of death _____
Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name **Basil Queen** Father's Birthplace **md**
Mother's Maiden Name **Elizabeth A Hawkins** Mother's Birthplace **md**
Name of person giving Information **Basil Queen** How related to deceased **Father**

CAUSES OF DEATH

Primary

measles

8

How long

Immediate

Pneumonia

How long

1 week
3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. E. Rotmer
H. M. Hyattrell

PHYSICIAN
OR CORONER

Accident or Suicide

$$\frac{3}{4} \frac{2}{3} -$$

$$\frac{5}{7} \frac{6}{9}$$

Name
in
Full

Louis David Randall Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Louis D. Randall		
Mother's Maiden Name	Catherine Johnson		
Name of person giving information	Louis D. Randall		

CAUSES OF DEATH

179

How long

15 days.

How long

1 day.

PHYSICIAN
OR CORONER

Primary

Marasmus

Immediate

Inhalation

Are the name, age, sex, color, date and place correctly given above?

yes

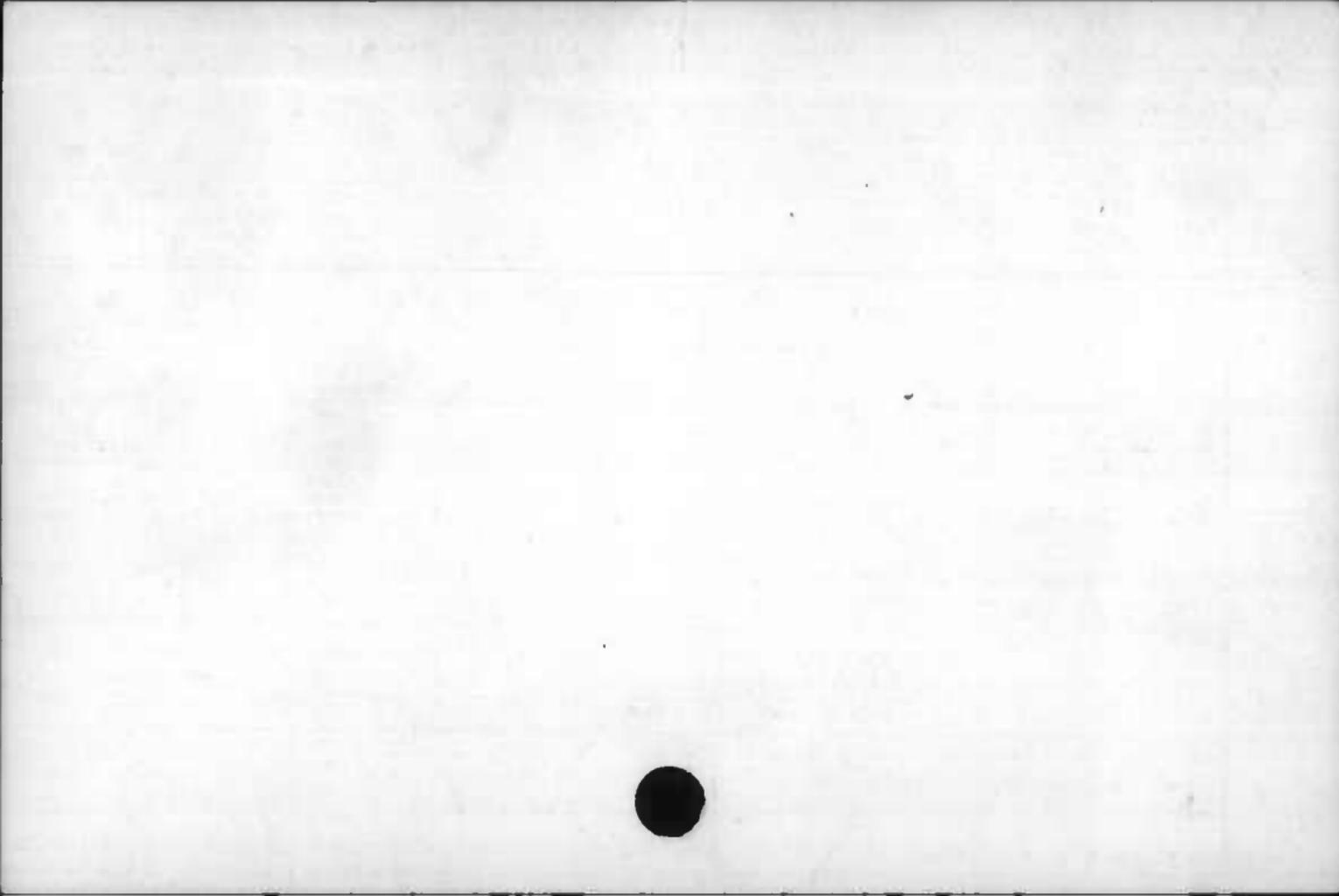
Signature of Physician

H. J. Hinkel,

Address

J. Hall, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Henry F. Reh

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Name of person giving information	
Father's Name	Augu st a Reh			
Mother's Maiden Name	Died 1909			
Name of person giving information		Father's Birthplace	Germany	
		Mother's Birthplace	Germany	
		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dialysis

64

How long

Several months

Immediate

Aphoplexy

How long

Instantly

Are the name, age, sex, color, date and place correctly given above?

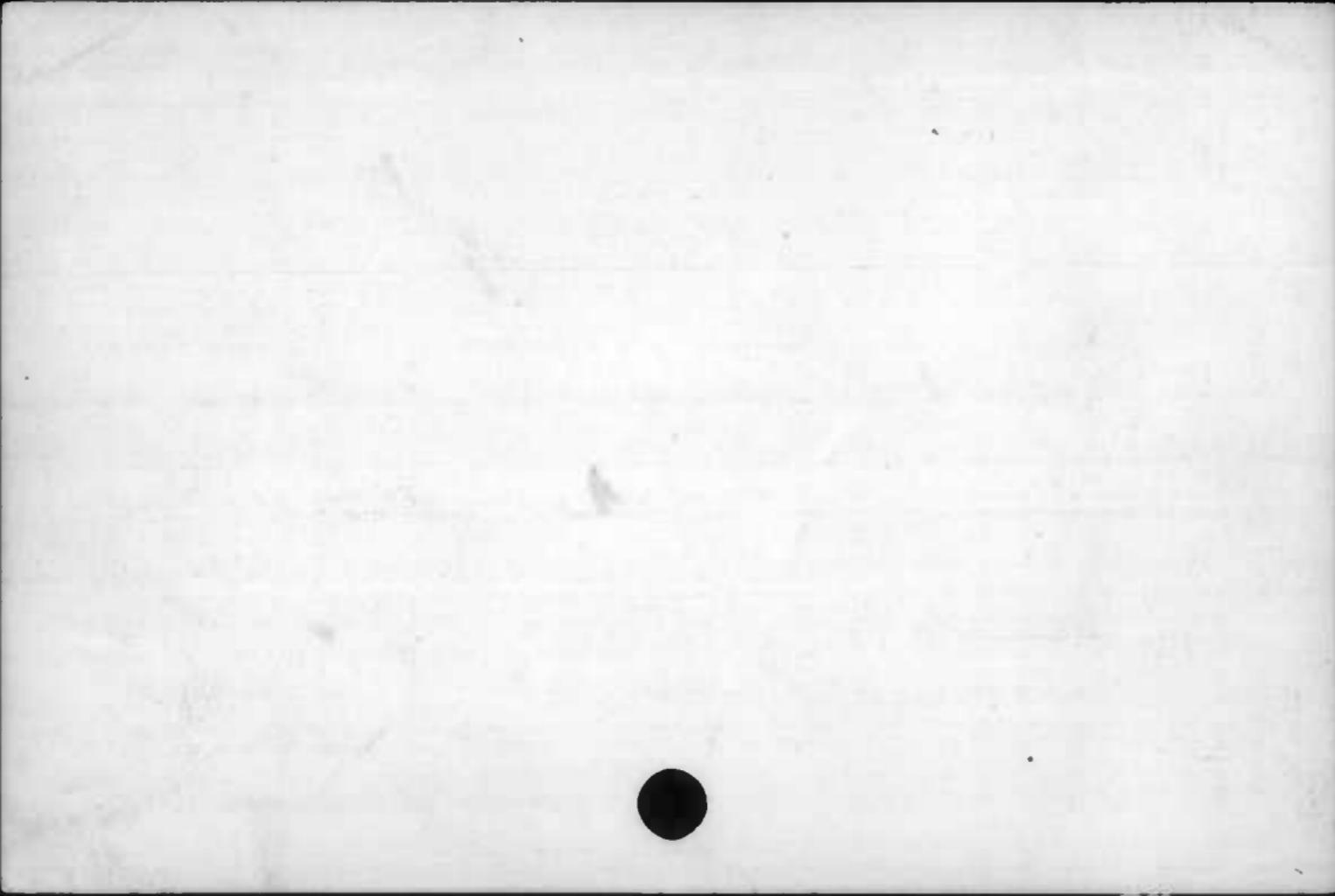
Signature of Physician

Address

C.W. Birdsell M.D.
Hyattsville Md.

As near as possible

Accident or Suicide?



Name
in
Full

William Frederick Scherer Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	William F. Scherer	Father's Birthplace	Baltimore Md.
Mother's Maiden Name	Lottie Miller	Mother's Birthplace	Garrison Baltimore
Name of person giving information	William F. Scherer	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Measles

8

9 days

Immediate

Bronch - Pneumonia

How long

2 dgs

Are the name, age, sex, color, date and place correctly given above?

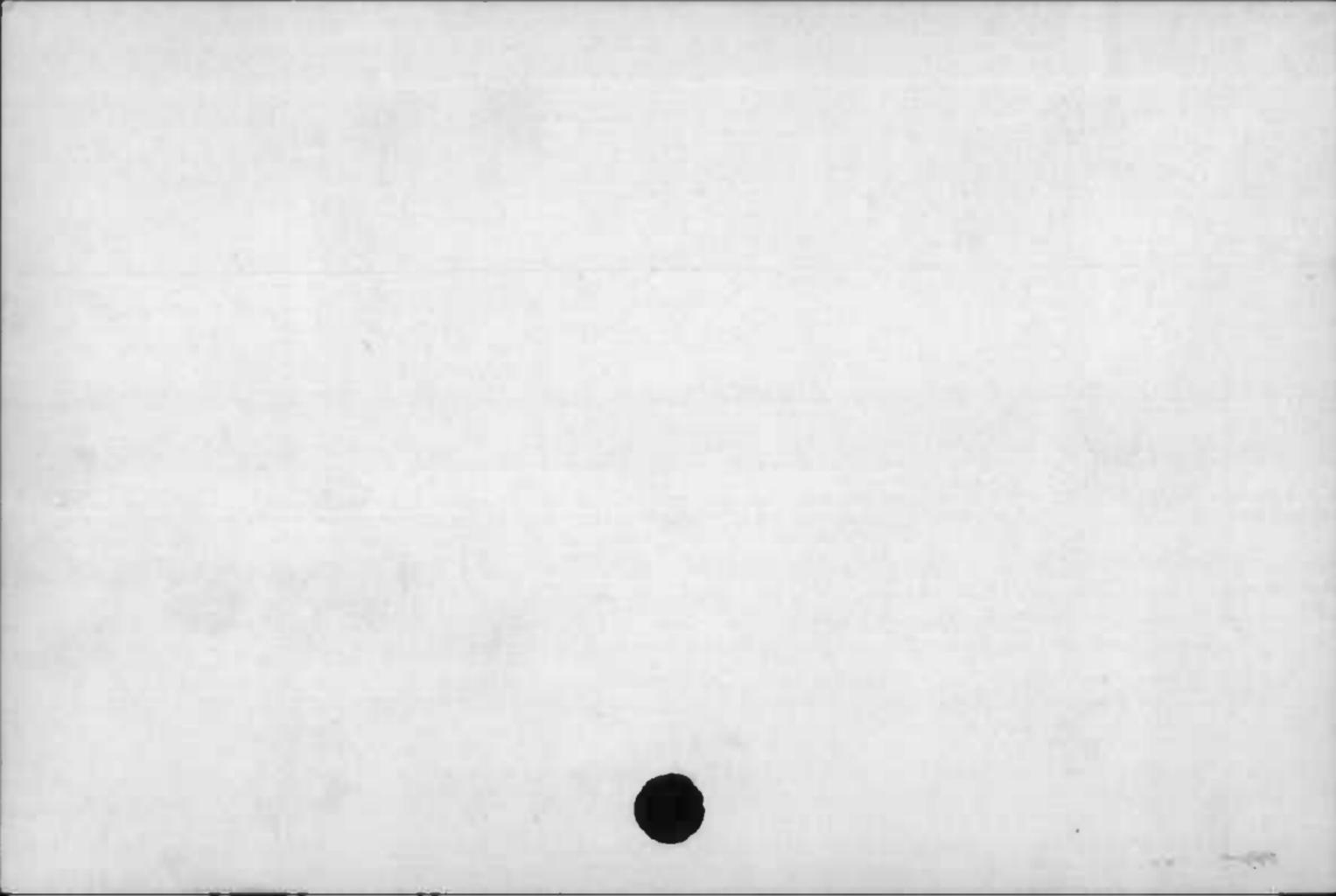
Yes

Signature of Physician

Address

H. H. Alley M.D.
Jct. Rainier Md.

Accident or Suicide?



Name
in
Full

Donald D. Taylor

CERTIFICATE OF DEATH

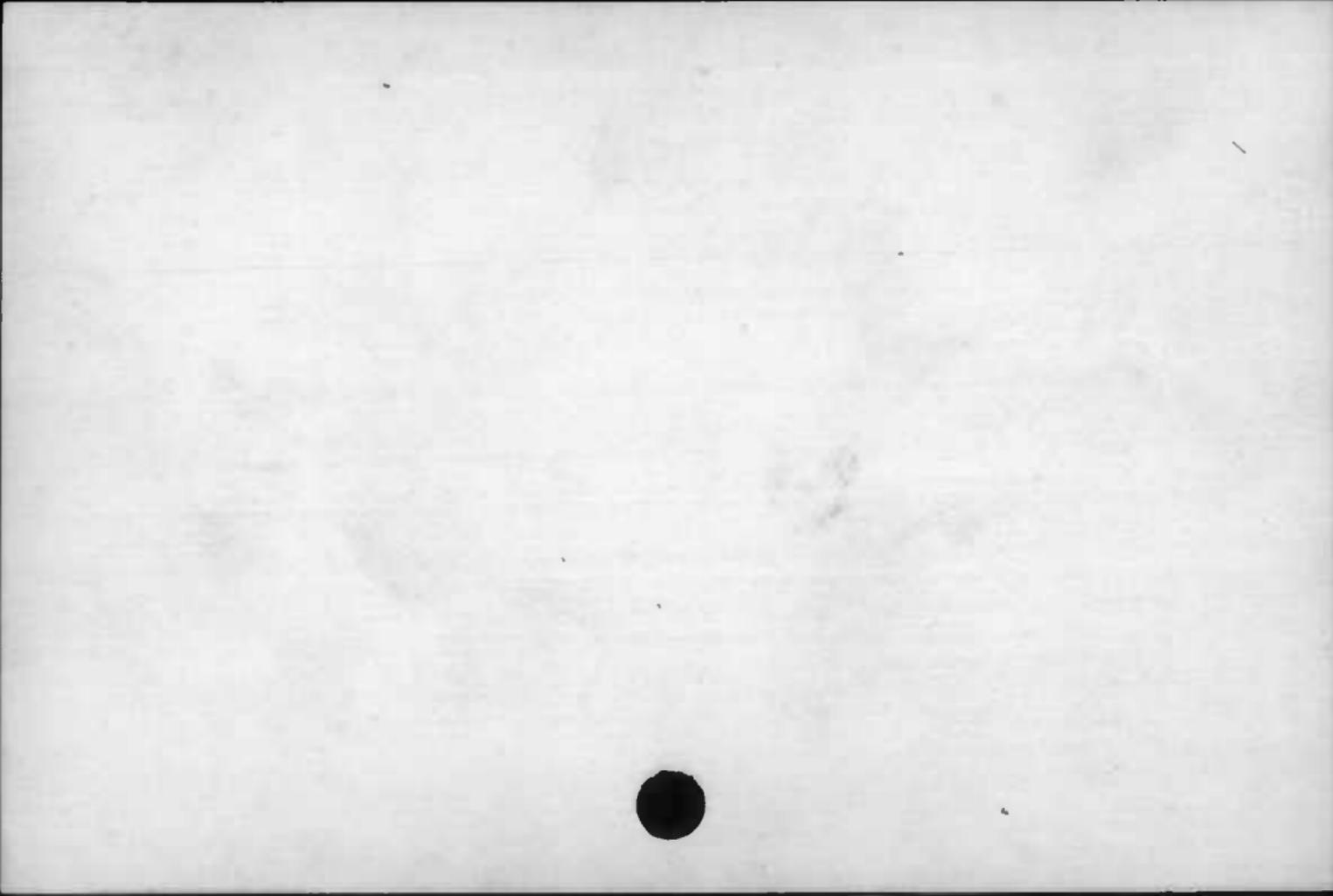
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Munths	Days
Sex	Color or Race	Age	3	4	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas A Taylor				
Mother's Maiden Name	Aggie Thorn				
Name of person giving information	Wm F. Taylor				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rachitis	74	How long
Immediate	Acute Hydrocephalus	2 years	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician
			Address
Accident or Suicide?		J. M. Parker, Jr. Congress Heights	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Sarah Jane Thompson

CERTIFICATE OF DEATH

Died at	Town	Prince	County	Maryland	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Black	Birth-place	Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Rose Croft - Md			
Father's Name	Hugh Thompson				
Mother's Maiden Name	Unknown				
Name of person giving information	Son				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Brights disease

Immediate Asthenia

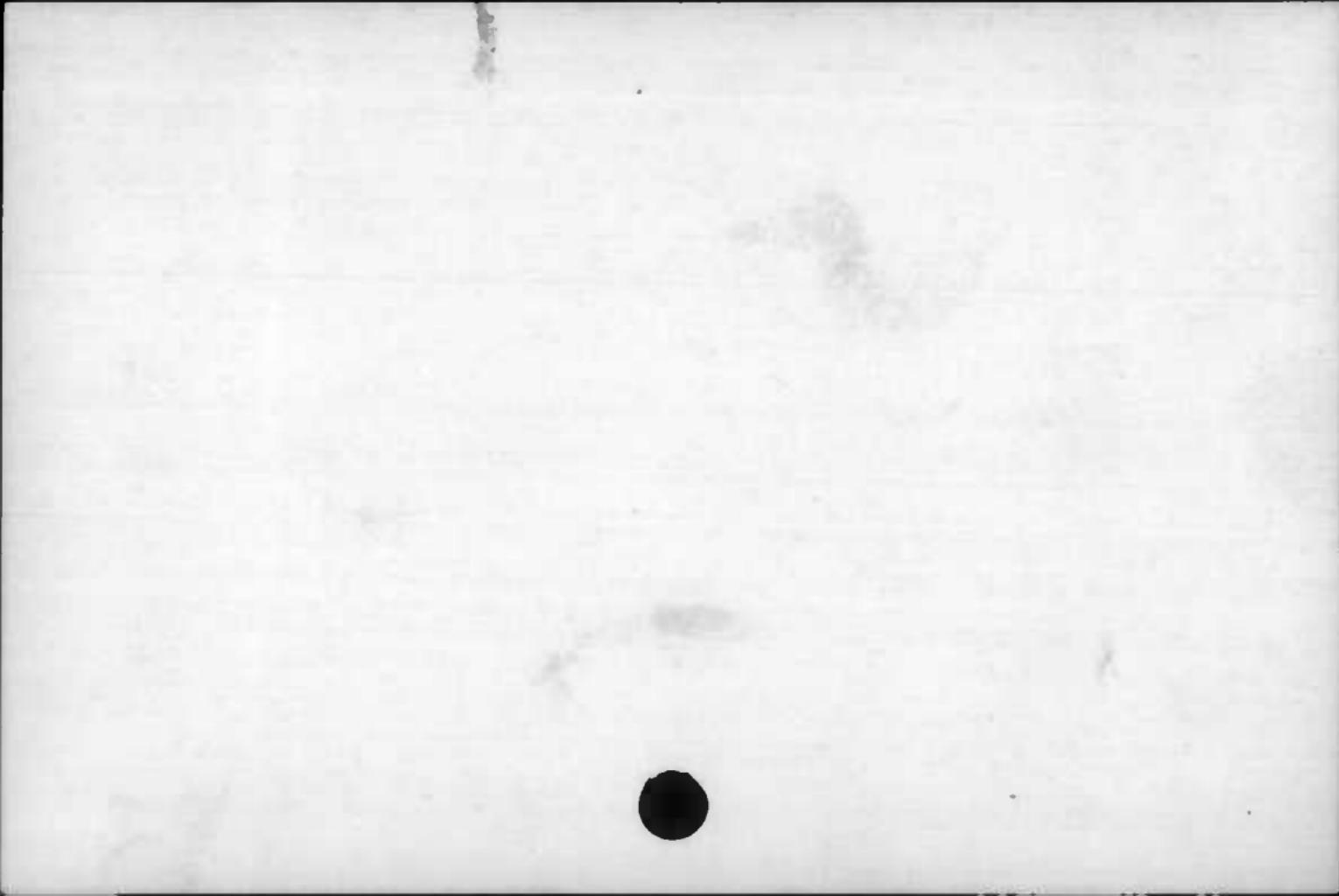
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. W. Parker MD.
Englewood Heights
D.C.

Accident or Suicide?



Name
in
Full

Darice Tibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Town County
Died at House of Reformation, Beltsville, Md Geo

Months Days

Date Month Day Years
of death 1909 May 28 Age 14

Sex Male Color or Race Caland

Birth-place Florida

Occupation Domestic

Where Residing if not
at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Birthplace

Hillside Tibbs

Florida

Father's Name

Mother's Maiden Name Ferrilla Mngate

Mother's Birthplace

Mother's Name

Name of person giving Information John B. Pyles Supt

How related to deceased

None

27

How long

2 years

How long

W. G. Gibbons
Crown and

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Asthma

Are the name, age, sex, color, date
and place correctly given above?

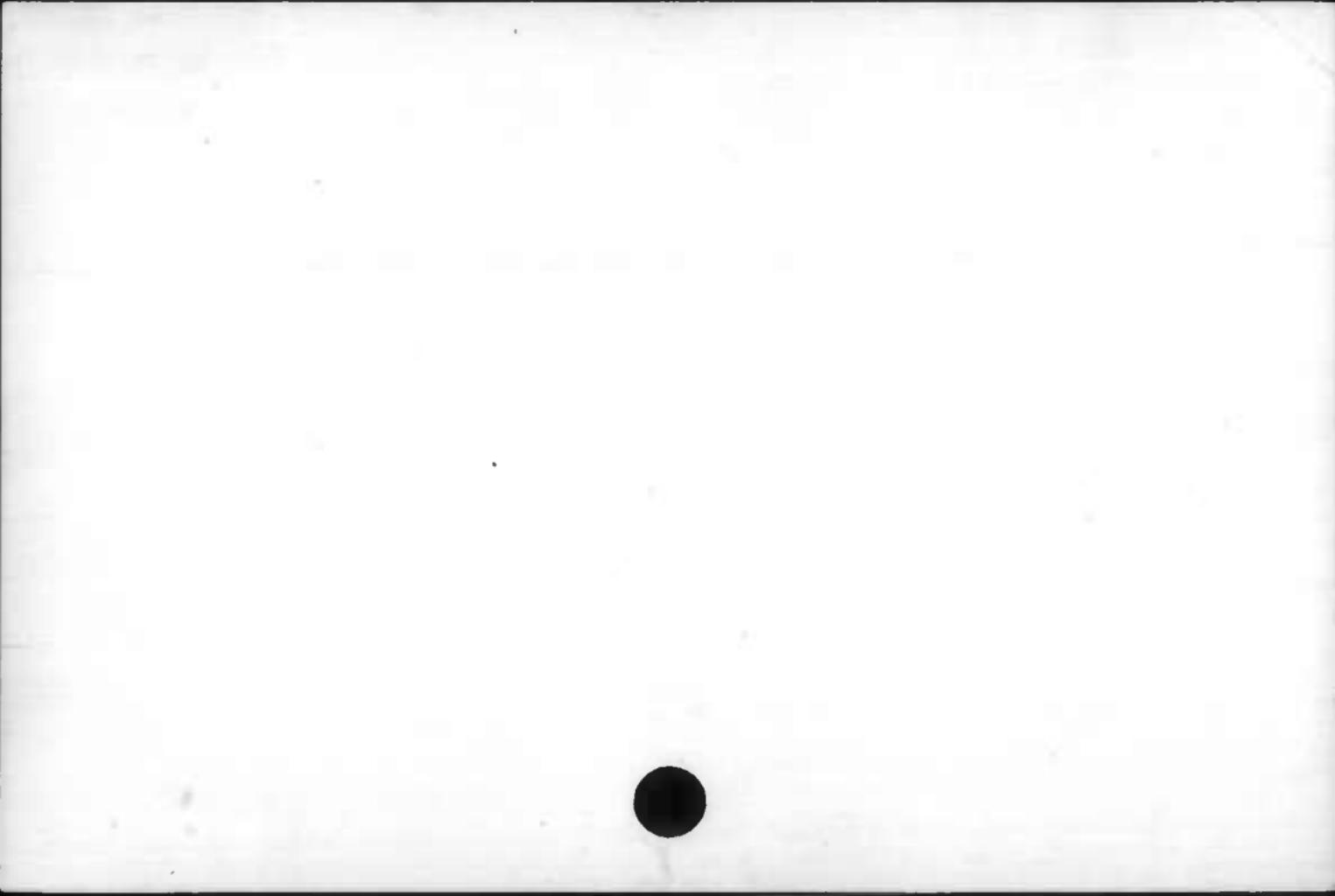
Yes

Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Joseph Lowndeshead

Town

County

Died at

D.C.

D.C.

MARYLAND

Date
of death

1909 May

Month

Day

Years

Months

Days

Age

Sex
OccupationMale
houseColor or
Race

White

Birth-
placeD.C.
D.C.Married, Single
or WidowedName of Wife or
HusbandWhere Residing if not
at place of deathFather's
Name

John D. Lowndeshead

Father's
Birthplace

bed

Mother's
Maiden Name

Unknown

Mother's
Birthplace

mr

Name of person giving
Information

John D. Lowndeshead

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

How long

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

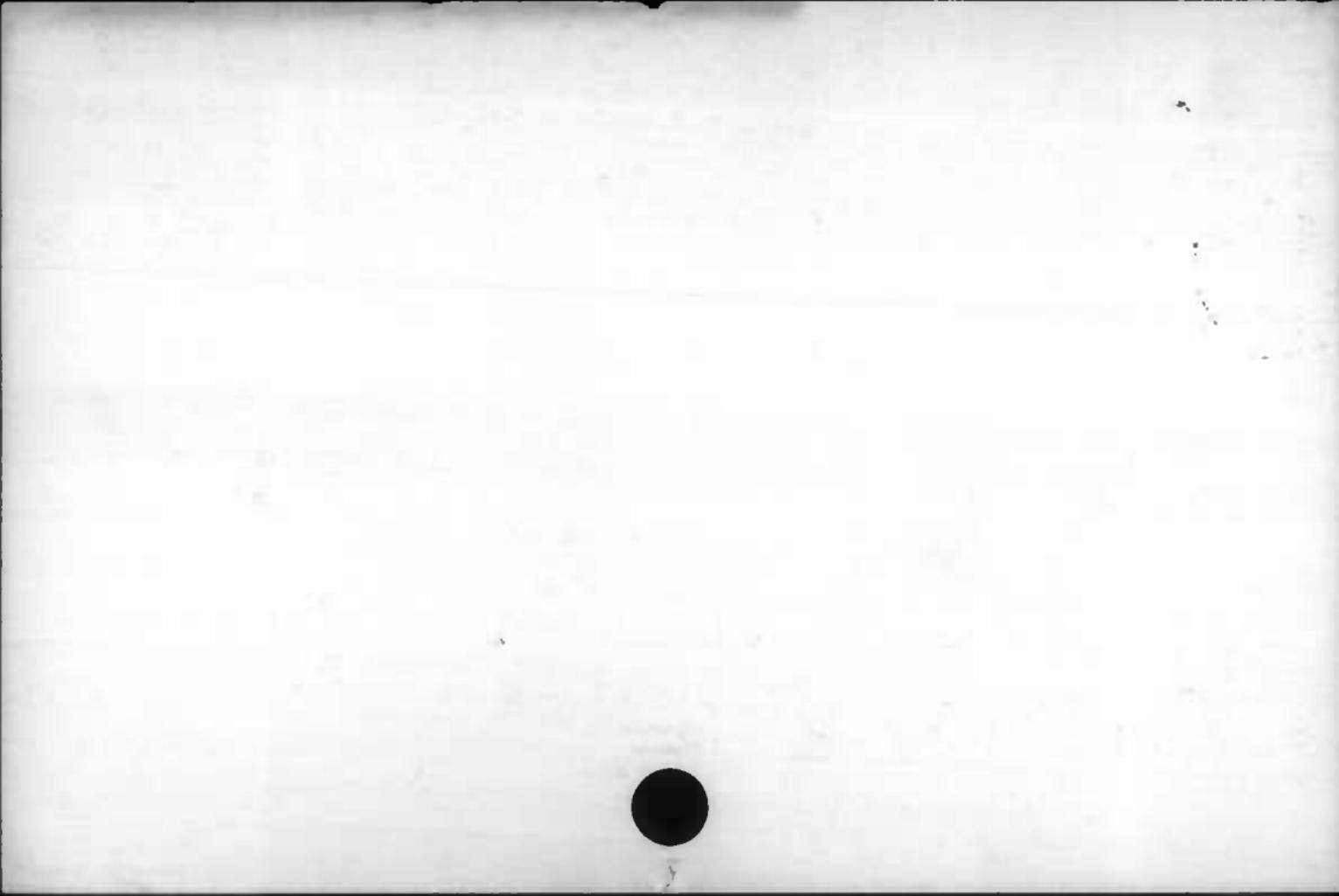
yes

Signature of
Physician

Address

J. L. Wainey
Clinton

Accident or Suicide



Name
in
Full

Willie Ann Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Md.		County	MARYLAND	
Died at	1909	Month	Day	Years	Months
Date of death	May	21	Age	68	Days
Sex	Female		Color or Race	white	
Occupation	Housewife		Where Residing if not at place of death	Near Colington	
Married, Single or Widowed	Married		Name of Wife or Husband	Grace Ward	
Father's Name	Ben Durry		Father's Birthplace	Pgh Co. Ind.	
Mother's Maiden Name	Mary A. Dancham		Mother's Birthplace	Pgh. Co. Ind.	
Name of person giving information	Albert R. Chaney		How related to deceased	None	

CAUSES OF DEATH

93

How long

Five days

How long

Final illness

Primary

Lobar Pneumonia

Immediate

Cardiac Arrestia

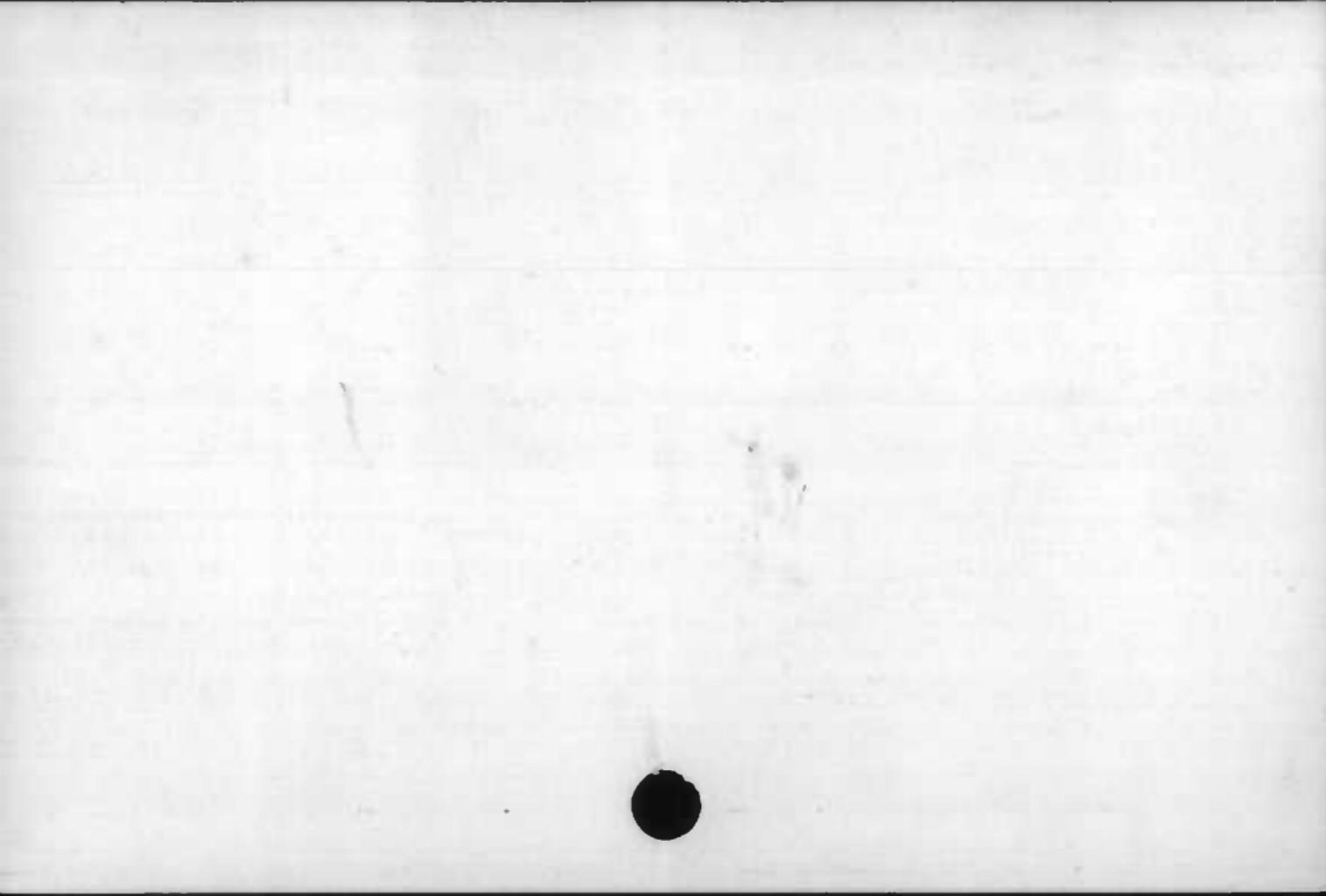
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Harvey Wigginton				CERTIFICATE OF DEATH		
Died at Brentwood		Town	County Prince Geo		MARYLAND	
Date of death	1909	Month May	Day 21	Age 44	Years	Months
Sex	Male	Color or Race	Colored	Birth-place	Ind	Days
Occupation	Teacher	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mahalath Jackson			
Father's Name	John H. Wigginton		Father's Birthplace	Va		
Mother's Maiden Name	Laura Addison		Mother's Birthplace	Md		
Name of person giving information	Mahalath Wigginton		How related to deceased	Wife		

CAUSES OF DEATH

62

How long

How long

Summarize
Progression from Start

Primary

Fever Dorsalis

Progression from Start

Immediate

Phthamin

C.W. Birdsell M.D.
Hyattsville Md.

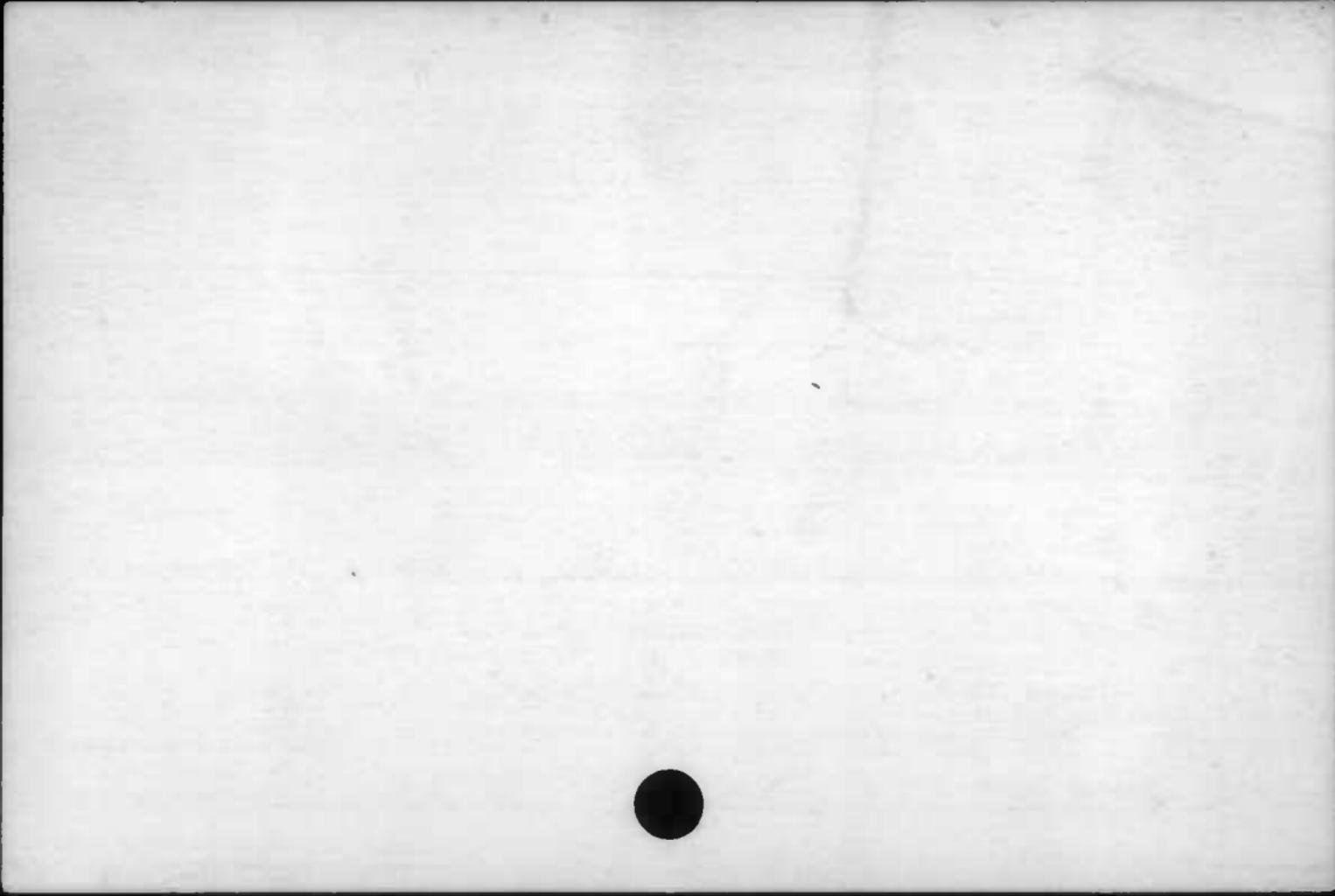
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes -
Approximately

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Wilson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

Lansdowne Prince George

Female Black Md.

Housewife

Married Osie Wilson

Unknown Unknown

Unknown Unknown

Scott Armstrong None

CAUSES OF DEATH

177

Primary	Cardiac Asthma	How long
Immediate	Asthma Drowsy	6 mos.

Are the name, age, sex, color, date and place correctly given above?

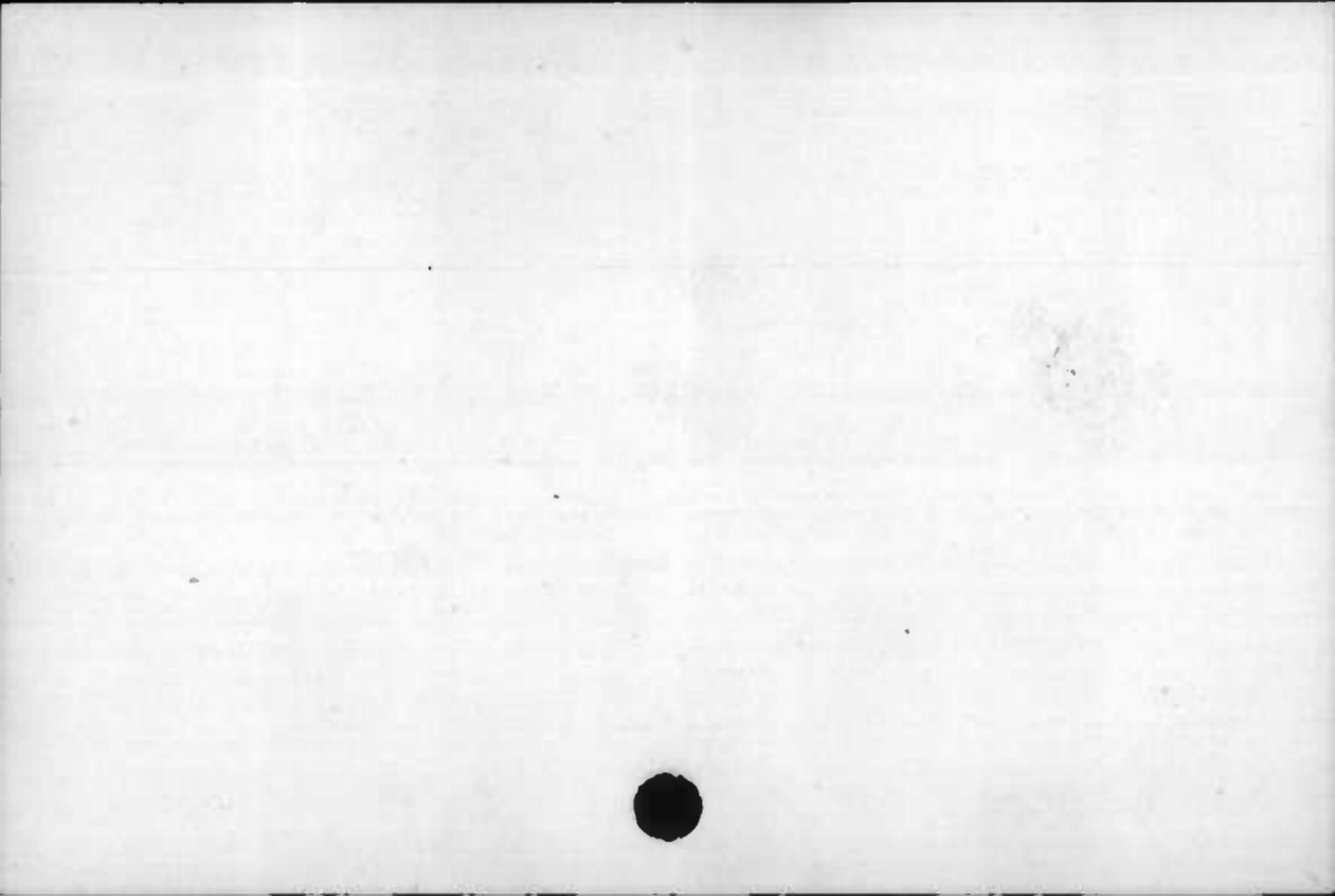
Signature of Physician

Address

Accident or Suicide?

Neither

John E. Armstrong
Forestville
Md.



Name
in
Full

Francis Elliasos

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Ridder	own	County	Bruce George	MARYLAND
Date of daath	1909	Month 5	Day 4	Years ,	Montha ,
Sex	Male	Color or Race	white	Birth-place	md
Occupation	more	Where Residing if not at place of death			
Married, Singla or Widowed	single	Name of Wifa or Husband			
Father's Name	Realeard Elliasos	Father's Birthplace	mol		
Mothar's Maiden Name	Rosa Hutchinson	Mother'a Birthplace	md		
Name of person giving Information	Realeard Hutchinson	How related to deceased	uncle		

CAUSES OF DEATH

PHYSICIAN
ON CORONER

Primary	Gupper	10	3 days
Immediate	Spirual Menengitis	How long	2 4 hrs.
Are the neme, age, sex, color, date and place correctly given above ?	yes	Signature of Physician	John E. Bauschay
Address			Gorsfville
Accident or Suicide	neither		md

Frank Wood
Forestville Md P. E.

Name
in
Full

Annie Elizabeth Kylie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Beltsville

Town

County

MARYLAND

Date of death 1909 Month May Day 1st.

Years

Month

Days

Age 73

1

9

Sex Female

Color or
Race

White

Birth-
place

Montgomery Co. Md.

Occupation

Housekeeper

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife
Husband

William H. H. Kylie

Father's
Name

Hamilton Cashell

Father's
Birthplace

Montgomery Co. Md.

Mother's
Maiden Name

Angeline Jewell

Mother's
Birthplace

Montgomery Co. Md.

Name of person giving
Information

Whitney Grey

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Chronic Rheumatism & Endocarditis

47

How long

6 years

Immediate

Stomach

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

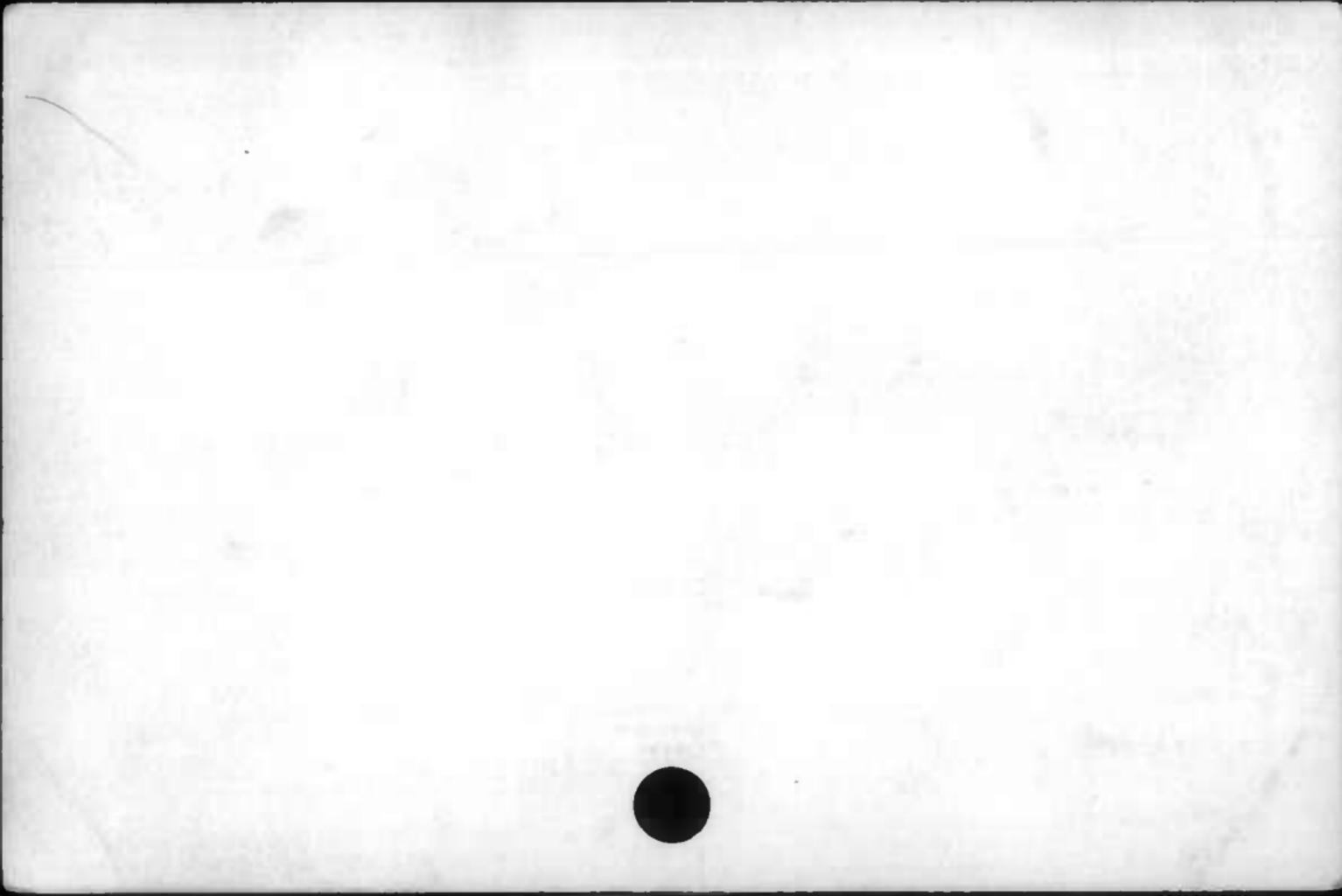
Address

A. E. Elkins

Berwyn Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Edward George Zimmerman \$ CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Hyattsville Town

County Prince George's

MARYLAND

Date of death 1909 Month May

Day 20

Years

Age 36 Months

Days

Sex Male

Color or Race

White

Birth-place

D C

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Barbara Zimmerman.

Father's Name

Henry N Zimmerman

Father's Birthplace

Va

Mother's Maiden Name

Fannie A Sennow

Mother's Birthplace

Va

Name of person giving
Information

Henry S Zimmerman

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

9 mo

Immediate

Pulmonary Haemorrhage

How long

1 wk

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frank E Palmer

Hyattsville
Md

PHYSICIAN
OR CORONER

Accident or Suicide Neither

